Report

Summary Data Report of the 2011-2012 Annual Survey of Divisions of General Practice

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This report is the eighteenth and final in the PHC RIS Divisions report series[i].

Previous reports are:

1. *What Divisions Do: An analysis of Divisions' infrastructure activities 1993–1994*
2. *What Divisions Did Next: Selected Divisional infrastructure activities 1994–1995*
3. *Profile of Divisions of General Practice: 1995/96*
4. *Dynamic Divisions: A report of the 1997–98 Annual Survey of Divisions*
5. *Diverse Divisions: A report of the 1998–99 Annual Survey of Divisions*
6. *Distinct Divisions: Report on the 1999/2000 Annual Survey of Divisions of General Practice in Australia*
7. *Practices, Partnerships and Population Health: Report on the 2000–2001 Annual Survey of Divisions of General Practice*
8. *Ten Years On: Results of the 2001–2002 Annual Survey of Divisions of General Practice*
9. *Divisions: a matter of balance: Report of the 2002–2003 Annual Survey of Divisions of General Practice*
10. *Divisions: the Network evolves. Report of the 2003–2004 Annual Survey of Divisions of General Practice*
11. *Making the connections. Report of the 2004–2005 Annual Survey of Divisions of General Practice*
12. *Making a difference. Report of the 2005–2006 Annual Survey of Divisions of General Practice*
13. *Moving ahead. Report of the 2006–2007 Annual Survey of Divisions of General Practice*
14. *Summary Data Report of the 2007–2008 Annual Survey of Divisions of General Practice*
15. *Summary Data Report of the 2008–2009 Annual Survey of Divisions of General Practice*
16. *Summary Data Report of the 2009–2010 Annual Survey of Divisions of General Practice*
17. *Summary Data Report of the 2010–2011 Annual Survey of Divisions of General Practice*

We take this opportunity to thank and acknowledge all the Divisions of General Practices who have participated in this annual survey over the twenty years it has been operating.

[i] Divisions have been surveyed every year since 1993-1994, except for the financial year 1996-1997 (therefore no report undertaken that year).

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ACRONYMS

ABS	Australian Bureau of Statistics
ACCHO	Aboriginal Community Controlled Health Organisation
ACT	Australian Capital Territory
AGPN	Australian General Practice Network
AHP	Allied Health Professional
AMS	Aboriginal Medical Service
ATAPS	Access to Allied Psychological Services
ATSI	Aboriginal and Torres Strait Islander
ASD	Annual Survey of Divisions
BOiMHC	Better Outcomes in Mental Health Care Initiative
CALD	Culturally and Linguistically Diverse
CDM	Chronic Disease Management
CDSM	Chronic Disease Self-Management
CEO	Chief Executive Officer
COPD	Chronic Obstructive Pulmonary Disease
CPD	Continuing Professional Development
CVD	Cardiovascular Disease
DGP	Division of General Practice
DoHA	Department of Health and Ageing
ED	Emergency Department
EPC	Enhanced Primary Care
ERP	Estimated Resident Population
FTE	Full-time Equivalent
GP	General Practitioner
IM/IT	Information management/information technology
IMG	International Medical Graduate
MAHS	More Allied Health Services
MBS	Medicare Benefits Schedule/Scheme
MPA	Multi-Program Agreement funding
MPC	Multi-purpose Centre program
NPI	National Performance Indicator
NPS	National Prescribing Service
NQPS	National Quality and Performance System
NSW	New South Wales
NT	Northern Territory
OTD	Overseas Trained Doctor
PHC	Primary Health Care
PHC RIS	Primary Health Care Research & Information Service

PHIDU	Public Health Information Development Unit
PIP	Practice Incentive Program
PN	Practice nurse
QLD	Queensland
QUM	Quality use of medicines
RACF	Residential aged care facility
RACGP	Royal Australian College of General Practitioners
RHS	Regional Health Services
RN	Registered nurse
RPHS	Rural Primary Health Services
RRMA	Rural Remote Metropolitan Areas
RWA	Rural Workforce Agency
SA	South Australia
SBO	State Based Organisation
SES	Socio-economic status
SLA	Statistical Local Area
TAS	Tasmania
VIC	Victoria
WA	Western Australia
WSRGP	Workforce Support for Rural General Practitioners

PHC RIS maintains an ever-expanding list of over 1 200 acronyms for Australian general practice and primary health care (*http://www.phcris.org.au/products/acronyms.php*).

2011-12 AT A GLANCE

This 2011-12 Summary Data Report is the 18th and final in the PHC RIS ASD Report series, summarising the activities reported by the remaining Divisions of General Practice within the Divisions Network for 2011-12:

⇒ 68/86 Divisions (79%) completed their final Annual Survey of Divisions (NSW n=20, Victoria n=21, WA n=13, SA n=7, Queensland n=6, NT n=1. Tasmania and ACT Divisions transitioned into Medicare Locals during the reporting period and were not required to complete an Annual Survey).

⇒ RRMA classifications of Divisions for 2011-12 were: Metropolitan n=43, Metro-Rural n=6, Rural n=24, Rural-remote n=9, Remote n=4.

⇒ A total of 4 244 practices operated in Australia as at 30 June 2012. Division catchment composition comprised of 41% 2-5 GPs, 37% solo practices, and 22% 6+ GPs.

⇒ An estimated 14 989 GPs were active across Australia (40% female GPs, 27% aged over 55, 8% working in a corporate general practice).

⇒ *Total Division membership* for 2011-12 was 16 160 (estimated 11 068 GPs plus 4 900 Non-GP members).

⇒ *Board membership*: a third were female (33%), the proportion of non-GP Board members increased to 25%, Indigenous Board members remained steady at 1% of total membership.

⇒ A total of 2 568 staff (at 1 724 FTE) were employed as at 30 June 2012 (average FTE staff per Division = 25.4).

⇒ 91% of Divisions reported receiving Department of Health and Ageing funding, which made up just under half (49%) of the additional funding received by Divisions in 2011-12.

⇒ *Prevention and early intervention*: Most divisions reported providing immunisation (93%), diabetes programs (87%), and mental health programs (82%), using collaboration with other organisations (97%), practice support (93%), and GP education (92%) targeting at least one program or activity to women (97%), Indigenous Australians (95%), children/youth (93%) and older people (90%), respectively.

⇒ *Improving access to GP services*: After hours services continued to be supported by the largest proportion of Divisions (65%), followed by alternative or expanded locations (38%) and locum services (34%).

⇒ *Improved GP care of the aged*: 92% of Divisions reported involvement in at least one program or activity with activities in medication reviews—Quality use of medicines and to support GPs to visit Residential aged care facility patients remained the most commonly provided programs or activities (56% and 44% respectively).

⇒ *Allied Health Professionals:* 76% of reporting Divisions engaged at least one allied health professional to deliver services to patients in their area, where psychologists (71%) and dietitian/nutritionists (51%) were the most likely to be contracted. Reporting Divisions (n=34) provided 158 899 services funded through other programs and these were delivered by a total of 323 FTE allied health professionals, and 31 Divisions reported providing 76 111 Rural Primary Health Service funded services (99 FTE).

⇒ *Indigenous collaboration*: 94% of Divisions reported having conducted at least one activity to improve access to Aboriginal and Torres Strait Islander health services, where the three most popular activities were promoting Indigenous health issues (85%), cultural awareness training (82%), and engagement with Indigenous organisations (81%); with 91% of Divisions reporting supported activities to assist GPs to accurately record the ATSI status of all patients by

conducting specific practice visits for the issue (74%) or incorporated into other information sessions (66%).

⇒ *Collaboration and integration:* 62/68 Divisions (91%) reported conducting at least one shared care program, with mental health programs the most commonly provided (72%); 95% of Divisions engaged in improving GP collaboration with hospitals or specialists by way of multidisciplinary continuing professional development (CPD) events (72%), and quality use of medicines (71%); 96% of Divisions (65/68) reported conducting programs or activities to improve GP collaboration with other primary care providers, with access to allied health services the most common type of activity reported (82%).

⇒ *Chronic Disease Management:* 96% of reporting Divisions conducted at least one chronic disease program or activity for the year, where diabetes and mental health programs or activities were the focus for 2011-12 (91% of Divisions each). All Divisions reported using practice support (100%) for asthma programs/activities, with Divisions reportedly using a multi-strategy approach for both diabetes and mental health programs or activities (over 80% for GP education, practice support, patient systems, and collaboration with other organisations), targeting women (63%), Indigenous Australians (62%), older people (62%), and men (60%).

⇒ *General Practice support*: 65/68 Divisions (96%) reported the provision of at least one practice support activity, with most reporting development/distribution of resources, up-skilling practice staff, providing information about local services, practice staff networks, and information management and information technology (IM/IT) activities. IM/IT training and support was reported by 80% of Divisions, mostly to provide assistance with the use of disease registers and/or recall and reminder systems.

⇒ *Collaborating with consumers*: 90% of Divisions reported at least one formal mechanism to involve Indigenous consumers (mostly by joint programs with other Indigenous health organisations (62%)). The reporting Divisions mostly provided staff members responsible for consumer engagement (69%), with over 50% of Divisions providing a program reference or advisory group(s) for involving consumers.

⇒ Community members or individual consumers were mostly involved in the evaluation of program activities (53%), in needs assessment (37%) and strategic planning (29%). Divisions typically drew from past/current Division programs to assist with program evaluation activities (38%), and from local organisations to assist with needs assessments (37%).

⇒ *Practice Nurses:* the reported number of practice nurses (PNs) practising in Division catchments was 6 259, with 2 432 practices (57%) using a PN. 94% of Divisions provided at least one form of support to PNs in general practice. Continuing preference for professional development/education/up-skilling activities, chronic disease management, support for enhanced primary care support and chronic disease management items, and facilitation of networks of PNs were the four most reported PN support programs/activities.

⇒ *Workforce:* 93% of Divisions reported providing at least one activity to support workforce needs and wellbeing to GPs, continuing their involvement in GP support and Practice support (88% for each). Over half of the 51 reporting Divisions encouraged GPs to have their own GP, and 97% of reporting Divisions provided at least one GP practice development and education activity, mostly continuing professional development (93%).

⇒ *Workforce Support for Rural General Practitioners (WSRGP) Program*: 36 Divisions reported receiving WSRGP support (50% for GPs, 21% for International Medical Graduates, 14% for medical students, and 12% for Registrars). 97% of these Divisions reported GP practice and development and education programs/activities, with 61% having reported GP health activities.

⇒ *The Divisions Network:*

- Divisions reported their State Based Organisation (SBO) provided effective leadership (94%), adequate, timely and relevant information (94%), representation and advocacy

(93%), and help in Division capacity building (93%) 'to some' or 'a great extent'; where more than three-quarters of reporting Divisions were 'satisfied' or 'very satisfied' with SBO communication (78%) and SBO forums and workshops (76%).

- 95% of reporting Divisions considered that the AGPN achieved links to strengthen the primary health care system 'to some' or 'to a great extent' in 2011-12; 82% provided the same rating for national leadership and governance, and were 'satisfied' or 'very satisfied' with AGPN communication (68%), AGPN forums/workshops (66%), and AGPN education and training (54%).
- A total of 23 Divisions (34%) reported eligibility for Rural Workforce Agency (RWA) services in 2011-12 (compared to 47 Divisions (42%) in 2010-11); consisting of 11 rural Divisions, 5 metro-rural, 4 rural-remote, and 3 metropolitan Divisions, with no Divisions reporting dissatisfaction with RWA services.

CHAPTER 1
INTRODUCTION

Over the past 20 years, Divisions of General Practice played a vital role in the Australian primary health care sector, rolling out national programs and initiatives while working at the local level to improve the quality, accessibility and responsiveness of health services. The Divisions of General Practice (DPGs) were local networks of general practices operating within defined geographical areas; consisting of the Divisions Network, six State Based Organisations (SBOs), two hybrid SBO-Divisions, and the Australian General Practice Network (AGPN).

From 1992 to 2012 PHC RIS was involved in the collection and collation of Divisions Network Reporting on behalf of the Department of Health and Ageing (DoHA). All DGPs were accountable for their funding and required to complete the Annual Survey of Divisions (ASD) together with their contractual obligations with the DoHA of 12 month reporting against National Performance Indicators (NPIs). The ASD was an annual, standardised, comprehensive survey. Previously the survey achieved a 100% response rate, which allowed the identification of longitudinal patterns and trends in Division characteristics and activities.

The first ASD report was produced in 1993-94, followed by PHC RIS managing and reporting on the ASD from 1997-98, and it has been conducted using an online system since 2005-06[1]. This information technology contributed to improved data quality (via automated validity checks) and to the efficiency of collection as well as reduced time and effort required by Divisions to report. In 2007-08, approximately two-thirds of survey questions were removed with some new questions introduced, which saw a significant reduction in ASD content and reporting requirements. The later editions of the report series were presented in an abbreviated Summary Data Report format which identifies longitudinal trends mainly in table and figure format, with some explanatory text.

The main purpose of the Divisions of General Practice Program (funded by the Australian Government) has been to support and assist the primary health care capacity of Australian general practice in responding to health service challenges at the local level and in the broader sense to improve health service delivery to local communities, through local Divisions, SBOs operating at state and territory level, and the peak national representative body, AGPN.

As part of the government's National Health Reform agenda for primary health care in Australia, from 1 July 2011 Divisions of General Practice evolved into or were substituted by Medicare Locals[ii]. Funding for the Divisions Program extended to June 2012, incorporating the transition of three tranches of Medicare Locals from the Divisions of General Practice Network. Some Divisions of General Practice already provided some of the functions that were, and will be, undertaken by the Medicare Locals from 2011-12 and beyond.

This National Health Reform saw the Divisions of General Practice Network (which in 2010-11 included 108 Divisions, six SBOs and the AGPN) evolve into a network of 61 Medicare Locals where the closure and/or transition of DGPs occurred. Due to the Health Reform transition to Medicare Locals any longitudinal comparison using 2011-12 data should be done with caution.

[ii] Medicare Locals are primary health care organisations established to coordinate primary health care delivery and tackle local health care needs and service gaps. For information about the process and impact of, see the *Medicare Local PHC RIS infoByte*.

In 2011-12 a total of 68 of the remaining 86 Divisions (79%) fully completed their final ASD in line with Departmental contractual requirements and agreements. This 2011-12 Summary Data Report is the 18th and final in the PHC RIS ASD Report series. It summarises the activities reported by the remaining DGPs within the Divisions Network for 2011-12. Information collected through the ASD and reported here captures the 2011-12 year and compares it to 2010-11 and offers some explanatory text. Longitudinal patterns of reporting from previous years have been collated in the Appendices.

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PHC RIS has a number of web resources developed from data collected from the previous ASD reports (available at *www.phcris.org.au*). For more information about this report, the ASD and Divisions, or to request additional analysis of the data, please contact **PHC RIS Assist on 1800 025 882** or email *phcris.assist@flinders.edu.au*.

CHAPTER 2
METHOD

The content of the ASD is dynamic and reviewed each year. Survey changes are informed by both ongoing requirements for the information and its availability from alternate sources. Changes might involve the removal of questions no longer considered relevant, and/or inclusion of new questions reflecting the changing needs of policy makers and stakeholders. The 2011-12 survey remained unchanged from the 2010-11 ASD; a copy of the annual survey is provided in Appendix A.

Administration

Information provided in the 2011-12 ASD was reported directly by the Divisions into the online reporting system. Therefore, it is important to recognise that results reported here represent Division estimates and responses to questions about their activities, staffing and other matters. The accuracy and quality of this self-reported data is determined by Division data collection methods, and influenced by Division staff turnover and skills. However, PHC RIS endeavours to make every effort to enhance the quality of the data by conducting a range of data checks.

Data collection and preparation

While timeliness of Divisions submitting their ASD remained important for 2011-12, however the reporting deadlines of 30th September for Divisions and Medicare Locals[iii] and 30 October for State Based Organisations (SBOs) were extended (by approval from DoHA) to 30 November 2012 to enable as much ASD data as possible to be collected.

In 2011-12 a total of 68 of the 86 Divisions (79%) fully completed their final Annual Survey of Divisions (ASD) in line with Departmental contractual requirements and agreements. Ten online reports were incomplete, with a further 7 reports not fully completed. Tasmania had transitioned into a Medicare Local at this time and therefore was not required to complete the ASD. Due to the transitions to Medicare Locals some Divisions were no longer contactable or State offices unable to confirm data, therefore if no response for a data check request was received, the data provided were presumed correct. After the approved extended submission date, all available data at this point were downloaded, prepared and checked by PHC RIS research staff.

Data analysis

The majority of questions in the survey required 'yes/no' responses. These dichotomous data are presented in this summary report as frequencies and proportions[iv]. Questions requiring 'continuous data' (eg. number of GPs and practices) are reported as a mean (average), median[v] value, or sum (total). Mean scores are reported when the data were normally distributed (ie. no outliers[vi] or

[iii] For ease of reporting, this mix of Divisions and Medicare Locals will be referred to as 'Divisions' throughout this 2011-12 report.
[iv] Note that rounding errors may occur when reporting proportions.
[v] The median is calculated by arranging all data values in order (lowest to highest) and identifying the central value in this distribution.
[vi] An outlier is an unusually large or small number relative to a set of numbers.

skewed data[vii]) and median values when the data were *not* normally distributed. The median value is often preferred because it is less affected by deviating responses and is easier to interpret. Divisions that were unable to provide data for a particular question recorded their response as 'unknown' and are presented as "unable to report" where applicable.

The charts and tables in this report were limited to 2011-12 only or display proportions (ie. percentages (%)) to assist in making some of the charts and tables in this report easier to read. Data from earlier years are included in the Appendices and in previous Summary Data Reports in the PHC RIS ASD report series available online from the PHC RIS website (*www.phcris.org.au*). Due to the Divisions Health Reform transition to Medicare Locals, and the incompleteness of data for 2011-12, caution should be taken when comparing longitudinal data with the 2011-12 data reported here.

[vii] Skewed data occurs when the distribution of responses is asymmetrical.

RRMA

For 2011-12, the Rural Remote Metropolitan Area (RRMA) classification system[viii] was used to allocate Divisions according to rurality to maintain consistency and allow comparison to previous Summary Data Reports.

The Rural Remote Metropolitan Area (RRMA) classification system was developed in 1994.[2,3] RRMA classifies Statistical Local Area (SLA) according to population and locality into three zones: Metropolitan, Rural or Remote. These zones are further divided into seven classes:

- capital cities (RRMA category 1)
- other metropolitan centres (2)
- large rural centres (3)
- small rural centres (4)
- other rural areas (5)
- remote centres (6)
- other remote areas (7).

The ASD uses the RRMA classification system in order to allocate Divisions according to rurality. As a number of SLAs contribute to each Division, resulting in mixtures of RRMA classifications within a Division, it was necessary to develop further criteria to allocate Divisions to the RRMA categories. The following categories were used:

- Metro (>95% of population in RRMA 1,2)
- Metro/Rural (<95% of population in RRMA 1,2 & <95% in RRMA 3,4,5)
- Rural (>95% of population in RRMA 3,4,5)
- Rural/Remote (<95% of population in RRMA 3,4,5 & < 95% in RRMA 6,7)
- Remote (>95% of population RRMA 6,7)

[viii] The RRMA classification system reflected populations from the 1991 Census.[3] A review of the system has resulted in the Federal Government introducing a new system, the Australian Standard Geographical Classification – Remoteness Area (ASGC-RA) which was effective from 1 July 2010; however for consistency the RRMA classification system is implemented throughout.
As described in: *www.phcris.org.au/fastfacts/fact.php?id=4801*

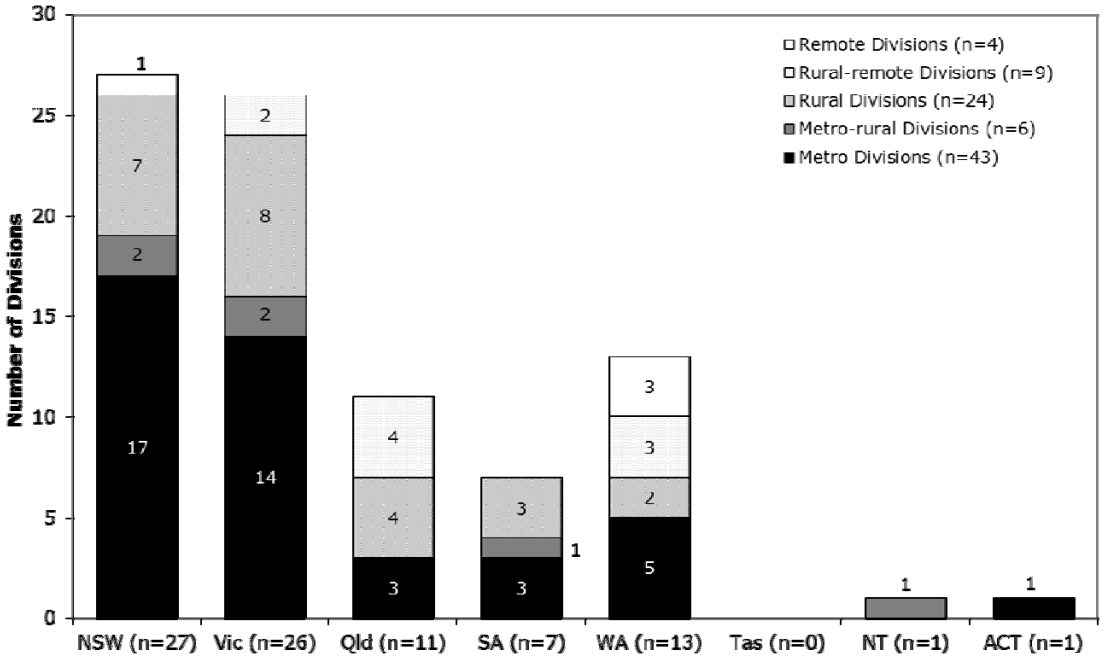
CHAPTER 3
DIVISION CONTEXT

Distribution of Divisions

The number of Divisions varied over time, commencing with 123 Divisions in 2000-01 and by 2010-11 consisted of 109 DGPs. From 1 July 2011, the Divisions of General Practice Network (which during the 2011-12 reporting period included 108 Divisions, six State Based Organisations and the national organisation AGPN) evolved into a network of 61 Medicare Locals, where the closure and/or transition of DGPs occurred.

For 2011-12 reporting, a total of 86 Divisions/Medicare Locals[ix] were required to complete their final Annual Survey of Divisions (ASD) in line with Departmental contractual requirements and agreements (ie. n=27 from NSW, n=26 from Victoria, n=13 from WA, n=11 from Queensland, n=7 from SA, with one from NT and one from ACT. Tasmania's DGPs had become a Medicare Local during the reporting period and were not required to complete an Annual Survey). It should be noted, therefore, that any longitudinal comparison with 2011-12 data should be done with caution.

The distribution of Divisions across the states and within metropolitan, rural and remote areas for 2011-12 can be seen in Figure 3.1. For consistency and comparison throughout the ASD Summary Data Report series, categorisation by rurality was done using the RRMA classification.



Note: no data for Tasmania in 2011-12 due to transitions to Medicare Locals.

Figure 3.1: Distribution of Divisions of General Practice by State and RRMA, 2011-12

[ix] For ease of reporting, this mix of Divisions and Medicare Locals will be referred to as 'Divisions' throughout this 2011-12 report.

Division catchment

General practices

General practices can be counted by location or by business, depending on the intention of the data collection. From 2000-01 to 2010-11, the estimated number of practices in Australia ranged from 8 309 in 2000-01 to 7 035 in 2010-11, where the average number of general practices per Division was 65 practices per Division. The longitudinal declining trend in the total number of general practices 2000-01 to 2010-11 is shown in Figure 3.a, Appendix B.

The ASD counts practices by location and defines general practice using the definition used by the Royal Australian College of General Practitioners (RACGP), that is:

> *General practice is the provision of primary continuing comprehensive whole-patient medical care to individuals, families and their communities.*[4]

Of the 86 Divisions, 68 reported a total number of 4 244 practices in Australia at 30 June 2012 (NSW n=20, Victoria n=21, WA n=13, SA n=7, Queensland n=6, NT n=1. Tasmania and ACT DGPs transitioned into Medicare Locals during the reporting period and were not required to complete an Annual Survey); an average of 62 practices per Division. Even though there was a reduced number of reporting Divisions in 2011-12, the proportions of total practice numbers by state and RRMA classification remained similar to that of the previous year (see Table 3.1), where Divisions estimated solo practices comprised 37% of the Division catchment, practices with 2-5 GPs 41% and 6+ GPs were 22% of the Division catchment composition.

Table 3.1: Proportions of practices by practice size in Division catchment by State and RRMA classification, 2011-12 compared to 2010-11

	Total practices (%)		Solo practices (%)		2-5 GPs (%)		6+ GPs (%)	
	2011-12 (N=4244)	2010-11 (N=7035)	2011-12 (n=1550)	2010-11 (n=2456)	2011-12 (n=1752)	2010-11 (n=3075)	2011-12 (n=942)	2010-11 (n=1504)
State								
NSW	38	39	17	17	15	16	6	6
Vic	31	24	10	7	13	10	8	6
Qld	7	17	2	4	4	9	1	4
SA	7	8	3	2	3	3	2	2
WA	13	8	4	2	5	3	4	3
Tas†	-	2	-	1	-	1	-	0
NT	3	1	2	1	1	0	0	0
ACT†	-	1	-	0	-	1	-	0
RRMA								
Metro	72	69	27	25	28	29	16	15
Metro-Rural	7	9	3	3	3	4	2	2
Rural	15	16	4	5	8	8	3	3
Rural-remote	4	6	2	2	2	3	0	1
Remote	1	1	0	0	1	0	0	0
Total	*100*	*100*	*37*	*35*	*41*	*44*	*22*	*21*

N/n = Number of practices
†No data for 2011-12 due to transitions to Medicare Locals.

As in previous years, Divisions were asked to report on the number of general practices in their catchment area at 30 June 2012 (for more detail see Table 3.2 and Figure 3.2 by state and

Table 3.3 and Figure 3.3 by RRMA classification); if the practice was situated at more than one location, Divisions were asked to count each location. This count has significance to patients, and others, who perceive each site or physical location as an individual general practice. The other main method counts each general practice business entity, where one business entity may be comprised of multiple practices in different locations.

Table 3.2: Number of practices in Division catchment by State, 2011-12

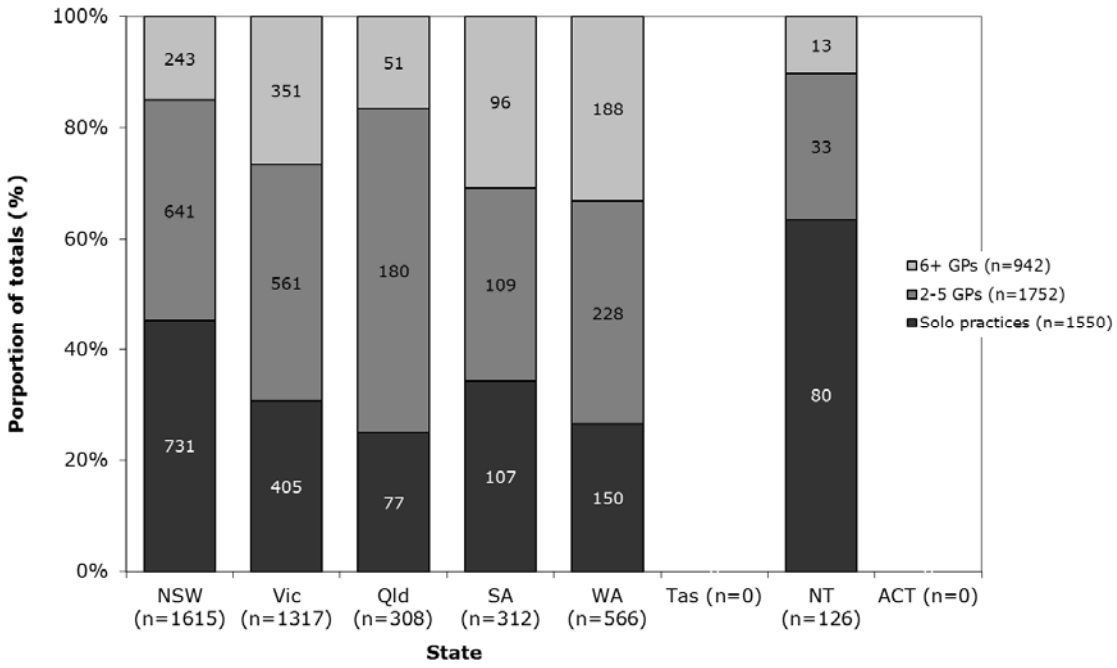
		Number of practices			
		Median	Minimum	Maximum	Total
Total number of practices	NSW (n=27)	77	12	287	1615
	Vic (n=26)	36	9	188	1317
	Qld (n=11)	47	14	115	308
	SA (n=7)	25	6	98	312
	WA (n=13)	23	8	141	566
	Tas (n=0)†	.	.	.	.
	NT (n=1)	126	126	126	126
	ACT (n=1)†	.	.	.	.
	Total	47	6	287	4244
Number of solo practices	NSW (n=27)	26	4	150	731
	Vic (n=26)	14	1	57	405
	Qld (n=11)	9	7	24	77
	SA (n=7)	9	0	46	107
	WA (n=13)	9	0	32	150
	Tas (n=0)†	.	.	.	.
	NT (n=1)	80	80	80	80
	ACT (n=1)†	.	.	.	.
	Total	14	0	150	1550
Number of practices with 2-5 GPs	NSW (n=27)	30	3	98	641
	Vic (n=26)	20	4	75	561
	Qld (n=11)	26	7	57	180
	SA (n=7)	6	1	42	109
	WA (n=13)	11	3	61	228
	Tas (n=0)†	.	.	.	.
	NT (n=1)	33	33	33	33
	ACT (n=1)†	.	.	.	.
	Total	21	1	98	1752
Number of practices with 6 or more GPs	NSW (n=27)	12	0	39	243
	Vic (n=26)	11	4	58	351
	Qld (n=11)	4	0	39	51
	SA (n=7)	6	1	41	96
	WA (n=13)	9	0	48	188
	Tas (n=0)†	.	.	.	.
	NT (n=1)	13	13	13	13
	ACT (n=1)†	.	.	.	.
	Total	10	0	58	942

n = Number of Divisions in each State/Territory
†No data for 2011-12 due to transitions to Medicare Locals.

Table 3.3: Number of practices in Division catchment by RRMA classification, 2011-12

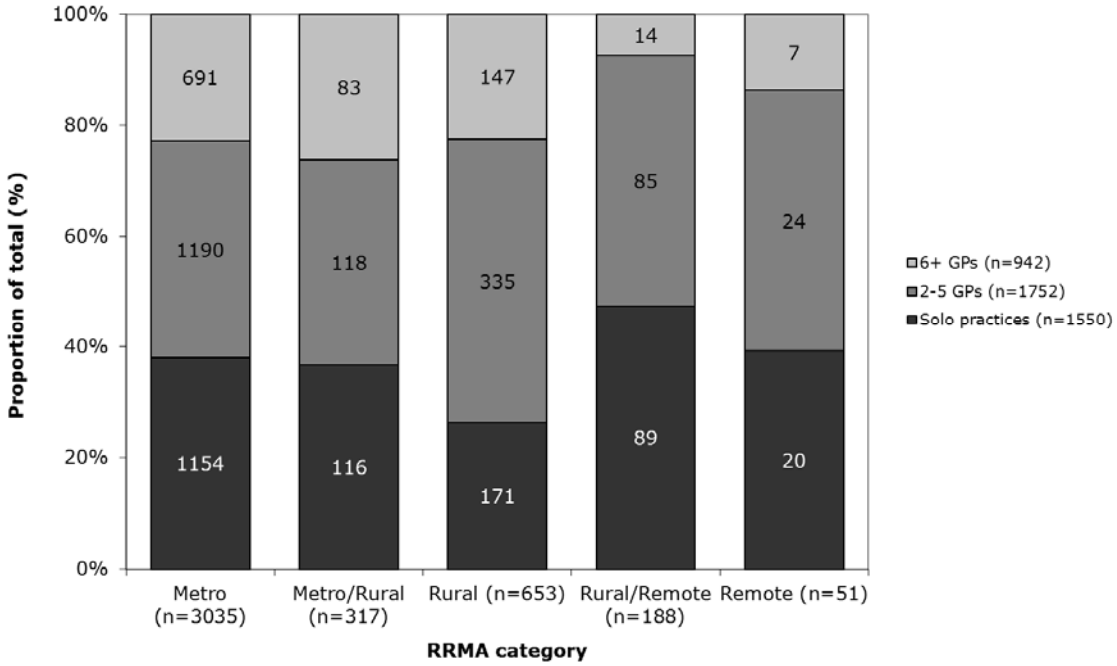
		Number of practices			
		Median	Minimum	Maximum	Total
Total number of practices	Metro Divisions (n=43)	84	9	287	3035
	Metro-rural Divisions (n=6)	40	15	126	317
	Rural Divisions (n=24)	30	6	115	653
	Rural-remote Divisions (n=9)	24	14	52	188
	Remote Divisions (n=4)	12	8	19	51
	Total	47	6	287	4244
Number of solo practices	Metro Divisions (n=43)	31	1	150	1154
	Metro-rural Divisions (n=6)	8	3	80	116
	Rural Divisions (n=24)	9	0	19	171
	Rural-remote Divisions (n=9)	9	5	24	89
	Remote Divisions (n=4)	6	1	8	20
	Total	14	0	150	1550
Number of practices with 2-5 GPs	Metro Divisions (n=43)	36	3	98	1190
	Metro-rural Divisions (n=6)	19	6	35	118
	Rural Divisions (n=24)	15	1	57	335
	Rural-remote Divisions (n=9)	10	6	25	85
	Remote Divisions (n=4)	5	4	11	24
	Total	21	1	98	1752
Number of practices with 6 or more GPs	Metro Divisions (n=43)	20	3	58	691
	Metro-rural Divisions (n=6)	14	4	30	83
	Rural Divisions (n=24)	6	1	39	147
	Rural-remote Divisions (n=9)	2	0	5	14
	Remote Divisions (n=4)	2	0	3	7
	Total	10	0	58	942

n = Number of Divisions in each State/Territory
Note: no data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals.



Note. Some Divisions listed the number of practices in one or more of these categories as unknown, as well as no data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals and no requirement to report.

Figure 3.2: Estimated number of practices by practice size in Division catchment by State, 2011-12



Note: no data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals and not required to report.

Figure 3.3: Estimated number of practices by practice size in Division catchment by RRMA classification, 2011-12

Primary care providers

From 1999-2000 to 2010-11, an average of 193 general practitioners (GPs) was reported to have practiced within a Division boundary (total GPs ranging from 21 011 in 1999-2000 to 24 720 in 2010-11). At 30 June 2012, the 68 reporting Divisions estimated a total of 14 989 GPs across Australia (an average of 220 GPs per Division). The longitudinal trend in the total number of general practitioners 1999-2000 to 2010-11 is shown in Figure 3.b, Appendix B.

Despite the reduced number of Divisions reporting in 2011-12, the proportions of practising GPs and medical staff in Division catchment areas by state and RRMA classification remained relatively consistent with that of 2010-11 (see Table 3.4 and Table 3.5).

Similar to last year's figures, Divisions' estimated female GPs comprised 40% of the GP workforce, GPs aged over 55 were 27%, and GPs working in corporate general practice were 8% of the practising workforce (see Table 3.6).[x]

Figure 3.4 illustrates that GPs were concentrated in metropolitan areas, consistent with the density of the population in these areas, with around 20% practising in rural and/or remote areas, where General Practitioners working in Aboriginal Community Controlled Health Services (ACCHS), International Medical Graduates (IMGs) and registrars continued to predominate in rural to remote areas.

[x] With several Divisions unable to report these proportions are likely to be underestimates of the practising workforce.

Table 3.4: Proportions of practising GPs in Division catchment by State and RRMA classification, 2011-12 compared to 2010-11

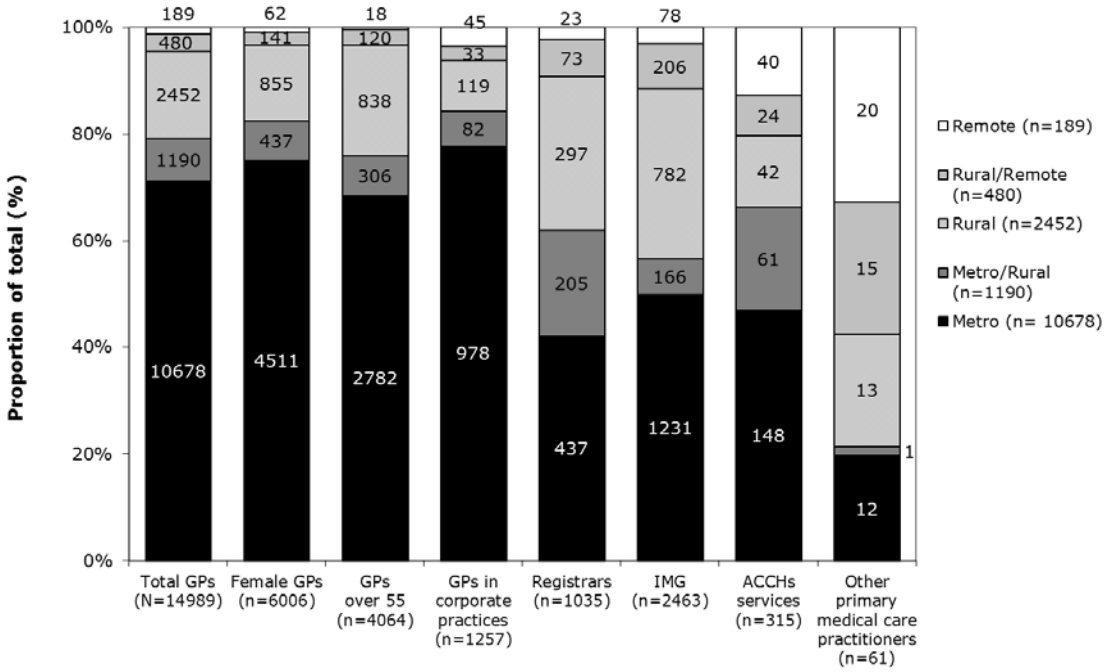
	GPs in catchment (%)		Female GPs in catchment (%)		GPs over 55 (%)		GPs working in corporate general practice (%)	
	2011-12 (N=14989)	2010-11 (N=24720)	2011-12 (n=6006)	2010-11 (n=9673)	2011-12 (n=4064)	2010-11 (n=6189)	2011-12 (n=1257)	2010-11 (n=2899)
State								
NSW	31	32	13	12	12	10	3	3
Vic	35	26	14	10	9	7	3	3
Qld	7	18	3	7	3	4	0	2
SA	8	9	4	4	1	1	0	1
WA	17	10	6	4	3	2	2	2
Tas†	-	2	-	1	-	1	-	1
NT	2	1	1	0	0	0	0	0
ACT†	-	2	-	1	-	0	-	0
RRMA								
Metro	71	69	30	28	19	17	7	9
Metro-Rural	8	10	3	4	2	2	1	1
Rural	16	15	6	5	6	5	1	1
Rural-remote	3	5	1	2	1	1	0	0
Remote	1	1	0	0	0	0	0	0
Total	*100*	*100*	*40*	*39*	*27*	*25*	*8*	*12*

N/n = Number of general practitioners (GPs). †No data for 2011-12 due to transitions to Medicare Locals.
Note: Proportions based on total N of GPs for each time period (N=14989 2011-12 and N=24720 for 2010-11).

Table 3.5: Proportions of other medical staff practising in Division catchment by State and RRMA classification, 2011-12 compared to 2010-11

	Registrars (%)		International Medical Graduates (%)		Practising in ACCHS (%)		Other primary medical care practitioners eg. Flying Doctors (%)	
	2011-12 (n=1035)	2010-11 (n=1811)	2011-12 (n=2463)	2010-11 (n=3911)	2011-12 (n=315)	2010-11 (n=471)	2011-12 (n=61)	2010-11 (n=238)
State								
NSW	8	9	15	17	1.3	1.7	0.1	0.4
Vic	9	6	19	14	1.6	1.2	0.2	0.4
Qld	3	5	9	13	0.2	1.9	0.4	2.2
SA	2	2	4	4	2.2	0.3	0.2	0.3
WA	4	2	15	10	1.5	1.1	0.6	0.4
Tas†	-	0.8	-	1.3	-	0.1	-	0.0
NT	1.7	1.1	1.3	1.3	1.4	0.8	0.0	0.0
ACT†	-	1.2	-		-	0.1	-	0.0
RRMA								
Metro	11	12	32	27	3.8	2.0	0.3	2.1
Metro-Rural	5	6	4	6	1.6	1.1	0.0	0.2
Rural	8	8	20	19	1.1	1.4	0.3	0.6
Rural-remote	1.9	2.3	5	7	0.6	2.0	0.4	0.5
Remote	0.6	0.4	2.0	1.3	1.0	0.8	0.5	0.3
Total	*27*	*28*	*64*	*61*	*8.1*	*7.3*	*1.6*	*3.7*

Note: Proportions based on total number of other medical staff N=3874 for 2011-12 and N=6431 for 2010-11.
†No data for 2011-12 due to transitions to Medicare Locals.



Note. Some Divisions listed the number of GPs in one or more of these categories as unknown (see Table 3.6), as well as no data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals; these data are not included.

Figure 3.4: Estimated number of GPs in Division catchment by RRMA, 2011-12

Table 3.6: Estimated number of practising GPs in catchment by state, 2011-12

		Divisions unable to report (n)	Number of GPs			
			Median	Minimum	Maximum	Total
Total GPs	NSW (n=27)	7	242	21	781	4 703
	Vic (n=26)	5	143	47	935	5 264
	Qld (n=11)	5	120	25	465	978
	SA (n=7)	0	120	31	547	1 227
	WA (n=13)	0	95	43	601	2 517
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	300	300	300	300
	ACT (n=1)†	1	.	.	.	.
	Total	*18*	*142*	*21*	*935*	*14 989*
Female GPs	NSW (n=27)	7	89	4	375	1 949
	Vic (n=26)	5	55	18	441	2 106
	Qld (n=11)	5	51	5	174	376
	SA (n=7)	0	55	11	270	527
	WA (n=13)	0	32	14	273	954
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	94	94	94	94
	ACT (n=1)†	1	.	.	.	.
	Total	*18*	*56*	*4*	*441*	*6 006*
Estimated number of GPs over 55	NSW (n=27)	7	68	10	267	1 726
	Vic (n=26)	8	52	10	267	1 312
	Qld (n=11)	5	47	2	260	417
	SA (n=7)	2	20	8	48	112
	WA (n=13)	3	34	4	110	440
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	57	57	57	57
	ACT (n=1)†	1	.	.	.	.
	Total	*26*	*49*	*2*	*267*	*4 064*
GPs working in a corporate general practice	NSW (n=27)	8	17	0	64	390
	Vic (n=26)	7	12	0	130	506
	Qld (n=11)	5	6	0	18	50
	SA (n=7)	0	0	0	35	55
	WA (n=13)	2	9	0	97	252
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	4	4	4	4
	ACT (n=1)†	1	.	.	.	.
	Total	*23*	*12*	*0*	*130*	*1 257*

†No data for 2011-12 due to transitions to Medicare Locals.

Table 3.7: Estimated number of other medical staff practising in catchment by state, 2011-12

		Divisions unable to report (n)	Number of GPs			
			Median	Minimum	Maximum	Total
Registrars	NSW (n=27)	8	11	0	76	313
	Vic (n=26)	6	18	0	42	337
	Qld (n=11)	5	14	4	37	110
	SA (n=7)	1	8	5	26	64
	WA (n=13)	1	12	2	30	144
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	67	67	67	67
	ACT (n=1)†	1	.	.	.	.
	Total	*22*	*14*	*0*	*76*	*1 035*
International medical graduates	NSW (n=27)	8	19	0	141	581
	Vic (n=26)	8	35	0	112	744
	Qld (n=11)	5	34	10	131	358
	SA (n=7)	1	21	0	56	136
	WA (n=13)	0	33	12	133	594
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	50	50	50	50
	ACT (n=1)†	1	.	.	.	.
	Total	*23*	*33*	*0*	*141*	*2 463*
Practising in ACCHS	NSW (n=27)	7	2	0	16	49
	Vic (n=26)	6	3	0	15	62
	Qld (n=11)	5	1	0	4	8
	SA (n=7)	2	1	0	72	85
	WA (n=13)	1	3	0	27	57
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	54	54	54	54
	ACT (n=1)†	1	.	.	.	.
	Total	*22*	*2*	*0*	*72*	*315*
Other primary medical care practitioners eg. Flying Doctors	NSW (n=27)	12	0	0	4	5
	Vic (n=26)	8	0	0	5	8
	Qld (n=11)	5	2	0	7	16
	SA (n=7)	3	0	0	6	6
	WA (n=13)	1	1	0	6	25
	Tas (n=0)†	0	.	.	.	.
	NT (n=1)	0	1	1	1	1
	ACT (n=1)†	1	.	.	.	.
	Total	*30*	*0*	*0*	*7*	*61*

†No data for 2011-12 due to transitions to Medicare Locals.

Division membership

Members in Division

From 1999-2000 to 2010-11, total membership (GP plus Non-GP members) ranged from 19 326 to 30 110; an average of 23 727 members. The longitudinal trend in the total GP and total Non-GP membership is shown in Appendix B (Figure 3.c and Figure 3.d).

In 2011-12, a total of 67 Divisions reported on Division membership, with the following information:

- Total membership[xi] for 2011-12 was 16 160 (see Table 3.8).
- GP and Non-GP Division membership proportions remained consistent with the previous year with 68% and 30% of Division membership respectively; Table 3.8.
- GPs made up 80% of GP membership, with IMGs 15% and Registrars 4% (see Table 3.9), where a third of non-GP members were allied health professionals, 26% Practice Nurses, and 19% Practice staff. Medical specialists remained 5% of Divisions' non-GP members.

Even though there was a decreased number of Divisions reporting in 2011-12, the proportions were consistent with those of 2010-11.

Table 3.8: Total Division members, GP and Non-GP membership, 2011-12 compared to 2010-11

	2011-12 (N=67)		2010-11 (N=111)	
	n	%	n	%
Total Division members (estimated)	*16 160*		*30 513*	
GP membership (includes: GPs, IMGs*, Registrars)	11 068	68	20 438	67
Non-GP membership (includes: Allied Health Professionals, Practice Nurses, Practice staff, Medical specialists, and others)	4 900	30	9 672	32

Note: Proportions based on Total Division membership. N=number of Divisions reporting.
* International medical graduate (IMG) formerly overseas trained doctor (OTD).

Table 3.9: GP and Non-GP membership composition, 2011-12 compared to 2010-11

	2011-12 (N=67)		2010-11 (N=111)	
	n	%	n	%
GP membership	11068		20438	
General Practitioners	8 880	80	16 734	82
International Medical Graduates*	1 712	15	2 752	13
Registrars	476	4	952	5
Non-GP membership	4900		9672	
Allied health professionals	1 606	33	2 529	26
Practice nurses	1 273	26	2 598	27
Practice staff	940	19	2 788	29
Medical specialists	224	5	499	5
Others	849	17	1 258	13

Note: Proportions for each sub-category are based on respective GP or Non-GP membership totals. N=number of Divisions reporting. * International medical graduate (IMG) formerly overseas trained doctor (OTD).

[xi] Please note that membership of more than one Division may occur.

CHAPTER 4 GOVERNANCE

Board

Membership

Over the years from 2002-03 to 2010-11, the total number of Board members has ranged from 1 041 in 2002-03 to 872 in 2010-11 (an average of 953 Board members per Division). Historical data and graphs showing the longitudinal trend in declining Board membership are shown in Appendix C (Figure 4.a, and Table 4.a).

The 2011-12 composition of Board membership reflected that of 2010-11 irrespective of the reduced number of reporting Divisions. Divisions' Board sizes ranged from three members to 13 members (similar to figures reported in previous years), with the majority in 2011-12 having between 6 and 9 members.

As shown in Table 4.1, of note in 2011-12:

- The proportion of female Board members remained steady (33%), with only four Divisions reporting no female Board members in 2011-12 (classified as one metropolitan, two rural, and one remote Division).
- The proportion of non-GP Board members increased to 25% (the highest proportion on previous years, see Table 4.b Appendix C for past data).
- Non-GP representation on Boards remained steady, with 14/68 Division Boards (21%) reporting to be GP only, and 8 reporting to be comprised of only male GPs.
- The proportion of Indigenous Board members remained steady at around 1% of total membership.
- The number of allied health professionals and the number of consumer or community representatives were also similar to the previous reporting period (12% in 2011-12; 13% in 2010-11).

Table 4.1: Composition of members on Division Boards of Directors, 2011-12 compared to 2010-11

Type of membership	2011-12 (N=68)		2010-11 (N=111)	
	n	% of Total	n	% of Total
Female GP Board members	115	23	197	23
Female non-GP Board members	49	10	78	9
Female Board members	*164*	*33*	*275*	*32*
Indigenous GP Board members	1	0.2	3	0.3
Indigenous non-GP Board members	4	0.8	5	0.6
Indigenous Board members	*5*	*1.0*	*8*	*0.9*
Allied health professionals	15	3	23	3
Number of consumer/community representative Board members	45	9	94	11
Other Board members	*60*	*12*	*117*	*13*
GP Board members	375	75	671	77
Non-GP Board members	125	25	201	23
Total Board membership	***500***		***872***	

n=number of Divisions reporting

Division staffing

Staff

From 1998-99 to 2010-11, total number of Non-GP FTE[xii] for staff employed by Divisions ranged from 816 in 1998-99 to 2 342 in 2010-11; an average of 1 479 non-GP FTE. The longitudinal trend of overall staff numbers GP and Non-GP FTE staff is shown in Figure 4.b and Figure 4.c, Appendix C.

From the 68 Divisions reporting in 2011-12, as shown in Table 4.2:

- There were a total of 2 568 staff (at 1 724 FTE) employed as at 30 June 2012, an average of 38 staff (25.4 FTE) per Division compared with an average of 34 staff (21.9 FTE) in 2010-11.
- Staff numbers ranged from a minimum of 3 (2.2 FTE) to a maximum of 127 (118 FTE).
- 214 GP staff (8.3% of total staff numbers) contributed 78.7 FTE (4.6% of the total staff FTE), maintaining the greater amount of FTE on 2010-11 reporting.

Table 4.2: GP and Non-GP Division staffing, 2011-12 compared to 2010-11

	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total	n	% of total
GP staff				
Number of all GP staff	214	8.3%	433	11.5%
GP staff FTE	78.7	4.6%	86.2	3.6%
Non-GP staff				
Number of non-GP staff	2 354	91.7%	3 321	88.5%
Non-GP staff FTE	1 646		2 342	
All staff				
Number of all staff	2 568		3 754	
Average number of staff per Division	38		34	
All staff FTE	1 724		2 428	
Average FTE staff per Division	25.4		21.9	

%=proportion of total (all staff/FTE) figures

Funding and payments

Divisions of General Practice Program funding

In 2005, funding and reporting arrangements for the Divisions of General Practice Program were streamlined with the introduction of the Multi-Program Funding Agreement (MPA), and along with the National Quality and Performance System (NQPS), brought a number of Division program requirements together under one framework. The remaining Divisions continued to receive core funding under the Program, of which some, such as Rural Primary Health Services (RPHS), are not reported here.

[xii] Full time equivalence (FTE) is a measure of the amount of time an individual works; where a full-time employee is considered FTE of 1.0 and part-time hours worked are a fraction of 1.0 FTE. For more detail, see the PHC RIS Fast Fact: FTE and FWE in the Australian medical workforce explained http://www.phcris.org.au/fastfacts/fact.php?id=4833

Additional funding (Q1.2)

The total amount of all external funding by the reporting Divisions for 2011-12 was $173 304 112, where Queensland Divisions reported both the highest ($6 755 756) and the lowest ($51 065) funding amounts. Again for this reporting period, excluding funding provided for the Divisions of General Practice Program, the Australian Government Department of Health and Ageing (DoHA) funded just under half of all additional funding for Divisions, and almost 20% of funding received by Divisions came from State/Territory government.

Table 4.3 shows the breakdown of all additional funding sources where proportions of additional funding received by Divisions in 2011-12 reflected that of the previous year (2010-11); and where almost half of the funding received was from Department of Health and Ageing, excluding Divisions of General Practice Program funding.

Table 4.3: Source, amount, and proportion of additional funding received by Divisions, 2011-12 compared to 2010-11

Funding type	2011-12 (N=68)			2010-2011 (N=111)		
	% of Divisions	Total (Maximum)	% of Total $	% of Divisions	Total (Maximum)	% of Total $
DoHA (excluding Divisions of General Practice Program funding)	91	84 926 993 (13 543 426)	49%	92	122 375 555 (13 208 938)	47%
Other Australian Government	38	9 900 053 (1 352 549)	6%	41	16 649 501 (2 661 757)	6%
State/ Territory government	84	32 861 858 (2 695 642)	19%	77	46 345 654 (4 368 859)	18%
Other source	49	9 073 390 (1 472 919)	5%	63	19 094 507 (1 752 960)	7%
Non-profit organisation	69	18 292 721 (2 357 219)	11%	71	27 502 190 (7 205 113)	11%
National Prescribing Service	90	3 612 799 (219 095)	2%	96	7 357 456 (207 000)	3%
Other commercial source	49	6 127 843 (1 162 012)	4%	50	8 827 692 (1 693 131)	3%
Pharmacy Guild	1	1 697 082 (1 697 082)	1%	0	0 (0)	-
AGPN†	63	4 682 183 (876 301)	3%	78	9 052 820 (514 054)	3%
Pharmaceutical company	47	752 230 (168 214)	0.4%	48	762 622 (46 675)	0.3%
Local Government	21	1 376 959 (1 033 868)	0.8%	16	1 634 353 (947 872)	0.6%
Total additional funding	*$173 304 112*			*$259 602 350*		

†Prior to the November 2012 Annual General Meeting the previous Board of AGPN had proposed that the organisation consider winding up as a result of the formation of the new Australian Medicare Local Alliance which has been established in Canberra. The proposal to wind up was not supported by the required number of Members. There was a strong call at the Annual General Meeting for AGPN to continue, albeit in a refocused form. For more information, go to http://www.agpn.com.au/ .

The source and amount of additional funding received by Divisions between 2006-07 and 2010-11 can be found in Table 4.b, Appendix C.

CHAPTER 5
PREVENTION AND EARLY INTERVENTION

Prevention and early intervention activities continued to rate well in those Divisions reporting, with almost 96% of Divisions (65/68) conducting at least one activity with a prevention or early intervention focus in the 2011-12 period.

Prevention and early intervention programs

Types of activities conducted (Q2.1)

As in the previous year, most divisions provided immunisation (93%), diabetes programs (87%), and mental health programs (82%) ranked as the top three activities conducted in 2011-12 (see Table 5.1). The proportional order of Divisions' prevention and early intervention activities remained the same as 2010-11, except for reported activity in bowel cancer screening (increased to 26% of all Divisions in 2011-12, up from 14% in 2010-11) and breast cancer screening activities (decreased to 13% of all Divisions this reporting period, down from 26% the previous year). Taking into account the reduced number of reporting Divisions, all other programs or activities remained relatively stable in their activities from 2010-11 to 2011-12.

Table 5.1: Proportion of types of prevention and early intervention activities conducted by Divisions, 2011-12 compared to 2010-11

Type of activity	2011-12 (N=68)		2010-11 (N=111)	
	rank†	% of Divs	rank†	% of Divs
Immunisation	1	93	1	99
Type II diabetes	2	87	2	99
Mental health	3	82	3	96
Health promotion	4	74	4	88
Healthy weight/obesity	5	65	5	87
Physical activity	6	63	6	84
Nutrition	7	57	7	82
Cervical screening	8	53	8	69
Alcohol & other drugs	9	46	9	65
Smoking	10	44	10	55
Bowel cancer screening	11	26	14	14
Injury prevention	12	15	12	20
Skin cancer screening	13	15	13	17
Breast cancer screening	14	13	11	26
Other activities	15	12	15	12

† Ranking is based on the proportion of Divisions figures. Proportions are calculated as the number of Divisions reporting the specified program or activity over the total number of Divisions (N) for that reporting period.

Charts of the historical data showing the longitudinal trend of proportions of Divisions reporting prevention and early intervention activities 2002-03 to 2010-11 can be found in Figure 5.a.i and Figure 5.a.ii, Appendix D.

Approaches used to conduct programs or activities

The range of approaches for each prevention and early intervention area reported by Divisions in 2011-12 is shown in Table 5.2. The largest proportions of Divisions conducted activities associated with immunisation, type II diabetes, and mental health. In all of these cases, collaboration with other organisations, practice support, and GP education were the most frequently reported approaches (97%, 93%, and 92%, respectively). This reporting period saw recall systems most commonly reported in association with type II diabetes activities (88% of Divisions), immunisation and bowel cancer screening (83%). Recall systems for cervical screening remained at 2010-11 levels (81% of Divisions). Again in 2011-12, 89% of Divisions with mental health activities provided patient services. Collaboration with other organisations and community awareness approaches were again used fairly consistently across the range of listed activities, with all reported Divisions using community awareness approaches for breast cancer screening.

Of all the Divisions reporting in 2011-12, over 92% of Divisions reported using specific approaches, such as collaboration with other organisations (97%), community awareness (94%), patient services (92%) and recall system (92%) for at least one prevention and early intervention program or activity.

Population groups targeted

Table 5.3 shows the number and proportion of Divisions targeting specific population groups in their prevention and early intervention programs or activities for 2011-12. Most Divisions reported having at least one program or activity targeting women (97%), Indigenous Australians (95%), children/youth (93%) and older people (90%).

For 2011-12, almost all Divisions focussed their programs/activities for women on breast cancer screening and cervical screening (100% and 97%, respectively), with 75% providing type II diabetes programs for women. Over three-quarters of reporting Divisions targeted Indigenous Australians mainly for smoking (77%), immunisation (76%), type II diabetes (76%), and other activities (75%). Children/youth were targeted primarily for immunisation (81% of Divisions) and mental health (59%). The main focus of activities for older people was again injury prevention (70%). Almost all Divisions' cervical screening activities met their target female population (97%), with breast cancer screening met by all Divisions, however as reported earlier, overall this had decreased in the total number of Divisions providing this activity. In 2011-12, men were mainly targeted for type II diabetes (71%) and mental health (68%).

Table 5.2: Number and proportion of Divisions reported using specific approaches to conduct prevention and early intervention activities, 2011-12

Type of program / activity	Divisions with program/ activity		Divisions using specified approach													
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Other approach	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Immunisation	63	93	56	89	63	100	52	83	23	37	46	73	57	90	3	5
Type II diabetes	59	87	54	92	55	93	52	88	44	75	52	88	57	97	1	2
Mental health	56	82	50	89	48	86	27	48	50	89	44	79	50	89	2	4
Health promotion	50	74	41	82	41	82	25	50	25	50	45	90	43	86	0	0
Healthy weight/obesity	44	65	28	64	33	75	16	36	34	77	37	84	34	77	1	2
Physical activity	43	63	19	44	24	56	11	26	31	72	37	86	32	74	1	2
Nutrition	39	57	22	56	27	69	15	38	33	85	32	82	32	82	0	0
Cervical screening	36	53	23	64	31	86	29	81	11	31	22	61	20	56	0	0
Alcohol & other drugs	31	46	23	74	19	61	6	19	17	55	19	61	23	74	0	0
Smoking	30	44	14	47	20	67	7	23	13	43	25	83	21	70	0	0
Bowel cancer screening	18	26	18	100	15	83	15	83	4	22	9	50	13	72	0	0
Injury prevention	10	15	2	20	1	10	0	0	3	30	9	90	9	90	0	0
Skin cancer screening	10	15	7	70	3	30	1	10	2	20	7	70	5	50	0	0
Breast cancer screening	9	13	7	78	7	78	3	33	5	56	9	100	6	67	0	0
Other activities	8	12	6	75	4	50	2	25	5	63	7	88	6	75	1	13
At least one program/ activity	*65*	*96*	*62*	*95*	*64*	*60*	*60*	*92*	*60*	*92*	*61*	*94*	*63*	*97*	*7*	*11*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Table 5.3: Number and proportion of Divisions reported targeting specific population groups in their prevention and early intervention activities, 2011-12

Type of program / activity	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other target	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Immunisation	63	93	48	76	27	43	51	81	35	56	32	51	26	41	24	38	13	21	2	3
Type II diabetes	59	87	45	76	21	36	15	25	34	58	44	75	42	71	28	47	13	22	4	7
Mental health	56	82	33	59	26	46	33	59	30	54	37	66	38	68	38	68	20	36	2	4
Health promotion	50	74	36	72	22	44	25	50	27	54	27	54	29	58	22	44	16	32	1	2
Healthy weight/obesity	44	65	27	61	16	36	18	41	26	59	29	66	29	66	22	50	16	36	3	7
Physical activity	43	63	22	51	13	30	14	33	21	49	27	63	26	60	17	40	16	37	3	7
Nutrition	39	57	26	67	13	33	18	46	21	54	22	56	22	56	17	44	11	28	2	5
Cervical screening	36	53	23	64	11	31	1	3	4	11	35	97	0	0	10	28	2	6	0	0
Alcohol & other drugs	31	46	18	58	7	23	11	35	10	32	16	52	16	52	14	45	12	39	3	10
Smoking	30	44	23	77	6	20	13	43	13	43	12	40	12	40	10	33	8	27	2	7
Bowel cancer screening	18	26	2	11	1	6	0	0	11	61	5	28	9	50	1	6	2	11	2	11
Injury prevention	10	15	3	30	0	0	1	10	7	70	3	30	3	30	1	10	1	10	0	0
Skin cancer screening	10	15	1	10	1	10	1	10	2	20	1	10	3	30	1	10	8	80	0	0
Breast cancer screening	9	13	6	67	3	33	1	11	2	22	9	100	1	11	4	44	0	0	1	11
Other activities	8	12	6	75	2	25	5	63	3	38	3	38	4	50	3	38	1	13	1	13
At least one program/activity	*59*	*87*	*56*	*95*	*37*	*63*	*55*	*93*	*53*	*90*	*57*	*97*	*52*	*88*	*45*	*76*	*39*	*66*	*10*	*17*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Programs with a prevention and early intervention focus (Q2.2)

Divisions were asked to report on programs with a prevention and early intervention focus; such as Lifescripts, Pit stop, Men's sheds, and Healthy for Life programs.

Of note, Lifescripts was first reported as an activity in 2005-06 and 2006-07; Divisions did not report on specific programs in 2007 08, therefore no data were recorded for that reporting period; and 'other programs' was added as a category in 2008-09. (See Figure 5.b, Appendix D for the longitudinal trend 2005-06 to 2010-11).

In 2011-12, of the 68 reporting Divisions, 87% provided programs with a prevention and early intervention focus (see Table 5.4). Divisions' program provision showed a similar pattern as in previous years, however overall proportions were lower possibly due to the impact of the Australian Government's National Health Reform, between July 2011 and July 2012, resulting in a reduced number of Divisions reporting on this indicator. Therefore, comparing Divisions' data after the 2010-11 reporting period should be done with caution.

Table 5.4: Number and proportion of Divisions' programs with a prevention and early intervention focus, 2011-12 compared to 2010-11

	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Lifescripts	18	26	47	42
Pit stop	14	21	33	30
Men's sheds	10	15	16	14
Healthy for life	15	22	21	19
Other programs/activities	34	50	74	67
At least one program/ activity	*59*	*87*	*107*	*96*

%=proportion of total number of Divisions (N)

Table 5.5 and Table 5.6 show the approaches used and population groups targeted by Divisions specifically for programs with a prevention and early intervention focus in 2011-12. Practice support and GP education were most commonly used for Lifescripts by 89% and 56% of Divisions, respectively. A community awareness approach was used by all Divisions reporting to the Men's Sheds program, whereas the Pit stop program was provided by all Divisions using collaboration with other organisations as well as a community awareness approach. Healthy for Life programs were mostly implemented via patient services (80%). As expected, Men's Sheds and Pit stop programs were targeted at men.

Table 5.5: Number and proportion of Divisions' programs with a prevention and early intervention focus using specific approaches, 2011-12

	Divisions with program/ activity		Divisions using specified approach													
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Other approach	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Lifescripts	18	26	10	56	16	89	4	22	7	39	11	61	8	44	0	0
Pit stop	14	21	2	14	2	14	2	14	6	43	14	100	14	100	0	0
Men's sheds	10	15	2	20	0	0	0	0	5	50	10	100	7	70	0	0
Healthy for life	15	22	7	47	10	67	8	53	12	80	13	87	13	87	0	0
Other programs/activities	34	50	23	68	24	71	14	41	26	76	28	82	31	91	1	3
At least one program/ activity	*59*	*87*	*35*	*51*	*43*	*63*	*23*	*34*	*39*	*57*	*48*	*71*	*47*	*69*	*1*	*1*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Table 5.6: Number and proportion of Divisions' programs with a prevention and early intervention focus targeting specific population groups, 2011-12

	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other target	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Lifescripts	18	26	10	56	3	17	2	11	5	28	6	33	7	39	4	22	7	39	0	0
Pit stop	14	21	7	50	4	29	2	14	2	14	5	36	13	93	4	29	3	21	0	0
Men's sheds	10	15	2	20	1	10	0	0	3	30	2	20	9	90	3	30	1	10	0	0
Healthy for life	15	22	10	67	2	13	5	33	6	40	6	40	6	40	5	33	4	27	1	7
Other programs/activities	34	50	21	62	9	26	14	41	18	53	21	62	21	62	16	47	6	18	4	12
At least one program/activity	*59*	*87*	*36*	*61*	*14*	*24*	*19*	*32*	*26*	*44*	*33*	*56*	*39*	*66*	*24*	*41*	*16*	*27*	*4*	*7*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

CHAPTER 6
ACCESS

Improving access to GP services

Extended services (Q3.1)

As part of the ASD, Divisions were asked to indicate their involvement in activities aimed at improving access to GP services. Charts of the historical data showing the longitudinal trend of proportions of Divisions conducting these extended services 2000-01 to 2010-11 can be found in Figure 6.a.i and Figure 6.a.ii, Appendix E.

Despite the fewer Divisions reporting in 2011-12, the proportion of Divisions that reported involvement in activities aimed at improving access to GP services remained relatively consistent with 2010-11. After hours services continued to be supported by the largest proportion of Divisions (65%), followed by alternative or expanded locations (38%) and locum services (34%; see Table 6.1).

Table 6.1: Involvement of Divisions in activities aimed at improving access to GP services, 2011-12 compared to 2010-11

Type of program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
After hours service	44	65	69	62
Alternative/expanded locations	26	38	46	41
Locum services	23	34	49	44
More flexible hours	18	26	20	18
Increased services in ACCHs settings	16	24	33	30
Addressing financial barriers	16	24	23	21
Other	14	21	23	21
Division involved in any activities or programs	*61*	*90*	*104*	*94*

%=proportion of total number of Divisions (N)

Improved GP care of the aged (Q3.2)

As with most years, over 92% of Divisions reported involvement in at least one program or activity to improve GP care of the aged. Longitudinal data of proportions of Divisions conducting programs or activities to improve GP care of the aged 2004-05 to 2010-11 can be found in Figure 6.b.i and Figure 6.b.ii, Appendix E.

In 2011-12, activities in medication reviews—QUM and to support GPs to visit RACF patients remained the most commonly provided programs or activities (56% and 44%, respectively). In contrast for this reporting period, alternatives to hospital admissions and dementia care were the least provided program or activity by Divisions to improve GP care of the aged (10% and 15%, respectively; see Table 6.2).

Table 6.2: Number and proportion of Divisions conducting programs or activities to improve GP care of the aged, 2011-12 compared to 2010-11

Type of program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Medication review - QUM	38	56	71	64
Support for GPs visiting RACF patients	30	44	68	61
Health care assessments	27	40	52	47
Falls/injury prevention	26	38	43	39
Care planning	24	35	46	41
CPD about care needs of RACF patients	22	32	54	49
Advocacy for health needs	19	28	40	36
Improved after care in usual residential setting	14	21	23	21
Improving patient record quality	13	19	39	35
Case conferencing	11	16	29	26
Dementia care	10	15	28	25
Alternative to hospital admission	7	10	24	22
Other	22	32	41	37
Division conducted at least one program/activity	*63*	*93*	*110*	*99*

%=proportion of total number of Divisions (N)

Allied health professionals

Access to allied health professionals (Q3.7)

Four previously separate primary and allied health programs (namely, More Allied Health Services (MAHS) program, Regional Health Services (RHS) program, Multipurpose Centre program (MPC), and Building Healthy Communities in Remote Australia program) were consolidated by the Australian Government at end of 2009 into the Rural Primary Health Services (RPHS) program. The aim of the RPHS program was to improve the health and wellbeing of people in rural and remote Australia. In this section Divisions were asked to indicate which allied health professionals were engaged to provide health services in their programs, as well as indicate the program/funding sources and Full-time equivalent (FTE) of staff funded in 2011-12.

For this reporting period, 76% of reporting Divisions engaged at least one allied health professional to deliver services to patients in their area, where psychologists and dietitian/nutritionists the most likely to be contracted, with 71% and 51% of Divisions reporting this, respectively (see Table 6.3). Eighteen Divisions reported engaging 'other' types of allied health professionals in 2011-12, with exercise physiologists the most common response (n=7 Divisions). This result was in line with previous reporting periods.

Table 6.3: Number and proportion of allied health professionals engaged to deliver services within Divisions, 2011-12 compared to 2010-11

Allied health profession	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Psychologists	48	71	90	81
Dietitian/nutritionists	35	51	64	58
RN - Diabetes educators	32	47	56	50
RN - Mental health nurses	29	43	55	50
Social workers	27	40	47	42
Podiatrists	26	38	41	37
Physiotherapists	21	31	44	40
ATSI health workers	20	29	26	23
Counsellors	20	29	36	32
Speech pathologists	16	24	30	27
RN - General	14	21	25	23
Occupational therapists	13	19	24	22
ATSI mental health workers	6	9	9	8
RN - Asthma educators	5	7	11	10
Audiologists	2	3	3	3
Other type of AHP	18	26	35	32
Division engaged at least one allied health professional	*52*	*76*	*105*	*95*

%=proportion of total number of Divisions (N)

In 2011-12, 34 Divisions reported 158 899 services funded through other programs and these were delivered by a total of 323 FTE allied health professionals. Thirty-one Divisions reported providing 76 111 RPHS funded services (99 FTE). Similar to reported figures preceding this year, psychologists (114 FTE) and mental health workers (RNs; 59 FTE) received the most overall funding (see Table 6.4)[xiii]. Most notable for 2011-12 was that, despite the reduced number of Divisions reporting, the total FTE for ATSI health workers remained at over 50 FTE (2011-12 FTE=56, was 59 FTE in 2010-11); physiotherapists also remained consistent at 18 FTE (19 FTE in 2010-11).

[xiii] Please note these figures are an estimate. Extreme values for FTEs and services were checked, however due to the transition to Medicare Locals some Divisions were no longer contactable or State offices unable to confirm data. If no response for a data check request was received, data provided was assumed correct.

Table 6.4: Allied health professionals (FTE) engaged by Divisions and funded through RPHS and Other services, 2011-12

	RPHS Services		RPHS FTE		Other Program Services		Other program FTE		Total FTE
	Number of Divisions (unknown)*	Number of services	Number of Divisions (unknown)*	RPHS FTE	Number of Divisions (unknown)*	Number of Other services	Number of Divisions (unknown)*	Other program FTE	
ATSI health workers	2	5 893	2 (1)	5.0	13 (5)	13 023	17 (1)	51.0	**56.0**
ATSI mental health workers	1 (1)	578	1 (1)	1.0	5 (1)	4 869	6	13.0	**14.0**
Audiologists	0	.	0	.	1 (1)	171	1 (1)	1.0	**1.0**
Chiropractors	0	.	0	.	0	.	0	.	**.**
Counsellors	11 (1)	5 735	11 (2)	12.0	7 (3)	1 511	7 (3)	12.0	**24.0**
Dietitian/nutritionists	20 (2)	14 649	21 (1)	22.0	13 (9)	4 891	18 (4)	23.0	**45.0**
Occupational therapists	4 (1)	1 779	4 (1)	4.0	8 (4)	1 632	7 (5)	4.0	**8.0**
Physiotherapists	13 (2)	7 064	13 (2)	5.0	8 (1)	2 996	8 (2)	13.0	**18.0**
Podiatrists	18 (2)	12 259	18 (2)	10.0	8 (4)	2 715	10 (3)	6.0	**16.0**
Psychologists	14 (1)	5 143	14 (2)	8.0	36 (6)	81 699	35 (7)	106.0	**114.0**
RN - Mental health nurses	3	631	4	2.0	20 (6)	34 105	23 (3)	57.0	**59.0**
RN - Diabetes educators	18 (1)	11 585	17 (2)	11.0	13 (5)	7 329	15 (2)	14.0	**25.0**
RN - Asthma educators	3	797	3	1.0	2	1 029	2	1.0	**2.0**
RN - General	4	4 486	4	4.0	8 (3)	10 678	11	31.0	**35.0**
Social workers	5 (1)	1 139	6 (1)	3.0	19 (5)	13 975	20 (4)	29.0	**32.0**
Speech pathologists	5 (2)	2 503	6 (1)	3.0	8 (3)	976	9 (2)	2.0	**5.0**
Other type of AHP	10 (2)	1 870	12 (1)	7.0	4 (3)	4 030	5 (2)	7.0	**14.0**
Total	*31 (3)*	*76 111*	*32 (3)*	*99.0*	*34 (13)*	158 899	*36 (11)*	*323.0*	***422.0***

Note: rounding errors may occur.

* Number of Divisions reporting specified FTE or number of services for AHPs (number of Divisions reporting AHP engagement where the amount was 'unknown').

Indigenous collaboration

Access to Indigenous primary health care services (Q3.3)

Even though there was a reduced number of reporting Divisions in 2011-12, the proportions of Division programs to improve access to ATSI primary health care services were similar to that in 2010-11 (shown in Table 6.5), with 94% of Divisions reporting having conducted at least one activity to improve access to ATSI health services. The three most popular activities were again promoting Indigenous health issues (85%), cultural awareness training (82%), and engagement with Indigenous organisations (81%). Support for all other activities remained relatively consistent with 2010-11 programming.

A chart of longitudinal data showing proportions of Divisions conducting programs to improve ATSI major health services 2007-08 to 2010-11 can be found in Figure 6.c, Appendix E.

Table 6.5: Number and proportion Divisions conducting programs to improve access to ATSI major health services, 2011-12 compared to 2010-11

Type of program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Promoting Indigenous health issues	58	85	102	92
Cultural awareness training	56	82	93	84
Engagement with Indigenous organisations	55	81	104	94
Engagement with community projects	50	74	88	79
Introduce Indigenous services to existing clinic/practice	40	59	77	69
Professional development for Indigenous staff	39	57	66	59
Recruitment and retention of staff for Indigenous services	35	51	57	51
Support development of Indigenous clinics	33	49	63	57
Assist in grant applications and project proposals	33	49	59	53
Recruitment and retention of Indigenous staff (administrative)	32	47	53	48
Supporting ACCHOs in PIP accreditation-related activities	30	44	51	46
Assisting ACCHOs in the catchment to make optimal use of the MBS	29	43	55	50
Supporting ACCHOs in immunisation-related activities	29	43	57	51
Recruitment and retention of Indigenous staff (clinical)	23	34	34	31
Other programs/activities	6	9	10	9
Division involved in at least one program/ activity	*64*	*94*	*110*	*99*

%=proportion of total number of Divisions (N)

Indigenous status (Q2.3)

In 2011-12, 91% of reporting Divisions (62/68 Divisions) supported activities to assist GPs to accurately record the ATSI status of all patients. Conducting specific practice visits for this issue remained the most common activity (74%), with two-thirds of Divisions reporting having incorporated this in other information sessions (66%), and just under half providing specific information sessions to GPs (47%; Table 6.6).

Longitudinal data showing proportions of Divisions providing assistance to GPs to accurately record the Indigenous status of all patients 2007-08 to 2010-11 can be found in Figure 6.d, Appendix E.

Table 6.6: Number and proportion Divisions providing assistance to GPs to accurately record the Indigenous status of all patients, 2011-12 compared to 2010-11

Type of assistance	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Practice visits conducted for this issue specifically	50	74	94	85
Incorporated in other information sessions	45	66	87	78
Specific information sessions	32	47	63	57
Other assistance	10	15	20	18
Division provided at least one program/activity	*62*	*91*	*110*	*99*

%=proportion of total number of Divisions (N)

CHAPTER 7
COLLABORATION AND INTEGRATION

Improving GP collaboration with other health care providers

Structured shared care programs (Q4.1)

Shared care is defined as a collaborative approach to coordinating patient care between specialists/specialist teams and primary health care providers. In 2011-12, 62/68 Divisions (91%) reported conducting at least one structured shared care program. As shown in Table 7.1, mental health programs remained the most common program/activity with similar proportions of Divisions providing cardiac rehabilitation and asthma programs from 2010-11 to 2011-12. Charts showing longitudinal data of proportions of Divisions involved in conducting structured shared care programs 2002-03 to 2010-11 can be found in Figure7.a.i and Figure 7.a.ii, Appendix F.

Table 7.1: Number and proportion Divisions involved in conducting structured shared care programs, 2011-12 compared to 2010-11

Type of program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Mental health	49	72	96	86
Quality Use of Medicines	40	59	69	62
Diabetes	39	57	71	64
Antenatal/postnatal	37	54	67	60
Development of Electronic Communications	25	37	56	50
Aged care	23	34	54	49
Drug & alcohol	11	16	25	23
Palliative care	9	13	38	34
Cardiac rehabilitation	9	13	14	13
Asthma	9	13	15	14
Other	5	7	8	7
Division involved in at least one program/ activity	*62*	*91*	*108*	*97*

%=proportion of total number of Divisions (N)

Hospitals and/or specialists (Q4.2)

For 2011-12, 95% of reporting Divisions engaged in at least one program or activity to improve GP collaboration with hospitals or specialists. Since its introduction in 2008-09, multidisciplinary continuing professional development (CPD) events remained the most commonly reported program/activity for collaboration (72% in 2011-12); charts showing longitudinal data of proportions of Divisions engaged in programs or activities to improve GP collaboration with hospitals and/or specialists 2002-03 to 2010-11 can be found in Figure 7.b.i and Figure 7.b.ii, Appendix F.

Table 7.2 shows the types of programs and activities reflected that of the previous year despite the reduced number of reporting Divisions.

Table 7.2: Number and proportion of Divisions with programs or activities aimed at improving GP collaboration with hospitals and/or specialists, 2011-12 compared to 2010-11

Type of program/activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Multidisciplinary CPD	49	72	83	75
Quality Use of Medicines	48	71	81	73
Communication between EDs & GPs	42	62	73	66
Preventing/providing alternative to avoidable admissions	39	57	71	64
Admission/discharge notification	37	54	77	69
GP Hospital Liaison	31	46	69	62
Home/hospital/post acute care in community	23	34	31	28
Negotiated discharge plan	21	31	26	23
Admission planning & assessment	14	21	26	23
After Hours Primary Medical Care Trial	5	7	10	9
Other	6	9	15	14
Division involved in at least one program/ activity	*65*	*96*	*110*	*99*

%=proportion of total number of Divisions (N)

Other primary care providers (Q4.3)

As shown Table 7.3, 96% of Divisions (65/68) reported conducting programs or activities to improve GP collaboration with other primary care providers, with access to allied health services the most common type of activity reported (82%).

Longitudinal data from 2002-03 to 2010-11, showing proportions of Divisions conducting these programs/activities to improve GP collaboration with other primary care providers, can be found in Figure 7.c.i and Figure 7.c.ii, Appendix F.

Table 7.3: Number and proportion of Divisions with programs or activities aimed at improving GP collaboration with other primary care providers, 2011-12 compared to 2010-11

Type of program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Access to allied health services	56	82	101	91
Quality Use of Medicines	54	79	93	84
CDM items or EPC	53	78	101	91
Referral pathways/protocols	50	74	99	89
Care planning	46	68	76	68
Partnerships with primary care providers	46	68	84	76
Specific programs to improve communication	39	57	75	68
Shared care	38	56	79	71
Case conferencing	30	44	54	49
Post discharge planning & management	22	32	41	37
Other	5	7	5	5
Division involved in at least one program/ activity	*65*	*96*	*111*	*100*

%=proportion of total number of Divisions (N)

CHAPTER 8
CHRONIC DISEASE MANAGEMENT

Programs with a chronic disease focus

Types of programs conducted (Q5.1)

Divisions were asked which chronic diseases were the main focus for their programming in 2011-12. A total of 65 Divisions (96%) reported conducting at least one program or activity focused on a specific chronic disease for the year, with diabetes and mental health reportedly the two main chronic disease programs/activities areas for this reporting period (91% each respectively; see Table 8.1).

Longitudinal data showing the proportions of Divisions with chronic disease focused programs or activities 2002-03 to 2010-11 can be found in Figure 8.a.i and Figure 8.a.ii, Appendix G.

Table 8.1: Number and proportion of Divisions with chronic disease focused programs or activities, 2011-12 compared to 2010-11

Focus area	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Diabetes	62	91	109	98
Mental health	62	91	110	99
CVD	34	50	71	64
COPD	25	37	49	44
Cancer	21	31	34	31
Asthma	17	25	44	40
Arthritis	7	10	10	9
Other	5	7	9	8
Division conducted at least one program/ activity	*65*	*96*	*111*	*100*

%=proportion of total number of Divisions (N)

Approaches used

In 2011-12, GP education and practice support were the most commonly used approaches, with 97% of Divisions reporting at least one program or activity using these approaches. All Divisions reported using practice support (100%) for asthma programs or activities, with Divisions reportedly using a multi-strategy approach for both diabetes and mental health programs or activities (over 80% for GP education, practice support, patient systems, and collaboration with other organisations). Primary Care Collaboratives approach was most popular for diabetes (42%) and Chronic Disease Self-Management (CDSM) education was most frequently used for arthritis (57%), diabetes (56%) and asthma (53%) activities. Table 8.2 shows detail of specific approaches used by Divisions to conduct chronic disease focused programs or activities.

Table 8.2: Number and proportion of Divisions using specific approaches to conduct chronic disease focused programs or activities, 2011-12

	Divisions with program/ activity		Divisions using specified approach																	
			GP education		Practice support		Recall system		Patient services		Community awareness		Collaboration with other orgs		Primary Care Collaboratives		CDSM education		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Diabetes	62	91	58	94	58	94	52	84	52	84	47	76	54	87	26	42	35	56	2	3
Mental health	62	91	56	90	51	82	29	47	54	87	49	79	53	85	7	11	16	26	3	5
CVD	34	50	26	76	30	88	21	62	20	59	21	62	23	68	8	24	14	41	0	0
COPD	25	37	15	60	20	80	10	40	15	60	12	48	18	72	5	20	10	40	0	0
Cancer	21	31	17	81	13	62	10	48	6	29	9	43	16	76	2	10	4	19	0	0
Asthma	17	25	12	71	17	100	12	71	10	59	9	53	14	82	1	6	9	53	0	0
Arthritis	7	10	3	43	4	57	0	0	5	71	4	57	4	57	0	0	4	57	0	0
Other	5	7	4	80	3	60	2	40	3	60	3	60	5	100	-	0	-	0	-	0
At least one program/ activity	*65*	*96*	*63*	*97*	*63*	*97*	*56*	*86*	*59*	*91*	*56*	*86*	*58*	*89*	*27*	*42*	*40*	*62*	*5*	*8*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

Population groups targeted

As in previous years, chronic disease programs in Divisions had a generic focus rather than targeted at specific population groups (see Table 8.3 for detail). However in 2011-12, over 60% of Divisions reported at least one chronic disease program or activity to target populations, such as women (63%), Indigenous Australians (62%), older people (62%), and men (60%). Sixty-two percent of Divisions conducted chronic disease focused programs without a specific group in mind (ie. no specific group, 62%).

Table 8.3: Number and proportion of Divisions targeting specific population groups in their chronic disease focused programs or activities, 2011-12

	Divisions with program/ activity		Divisions targeting population group																	
			Indigenous Australians		CALD		Children/ youth		Older people		Women		Men		Low SES		No specific group		Other	
	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%	n	%
Diabetes	62	91	34	55	18	29	11	18	33	53	31	50	29	47	23	37	29	47	1	2
Mental health	62	91	31	50	21	34	28	45	29	47	36	58	33	53	33	53	25	40	1	2
CVD	34	50	12	35	9	26	4	12	17	50	15	44	15	44	12	35	16	47	0	0
COPD	25	37	10	40	5	20	1	4	14	56	12	48	12	48	12	48	9	36	1	4
Cancer	21	31	6	29	4	19	2	10	8	38	6	29	5	24	6	29	10	48	1	5
Asthma	17	25	4	24	3	18	4	24	3	18	4	24	4	24	4	24	12	71	0	0
Arthritis	7	10	2	29	1	14	0	0	3	43	3	43	3	43	2	29	3	43	0	0
Other	5	7	3	60	1	20	1	20	3	60	1	20	1	20	2	40	2	40	0	0
At least one program/ activity	*65*	*96*	*40*	*62*	*25*	*38*	*32*	*49*	*40*	*62*	*41*	*63*	*39*	*60*	*36*	*55*	*40*	*62*	*3*	*5*

Note: proportions are calculated using the number of Divisions with the specified program or activity as the denominator.

CHAPTER 9
GENERAL PRACTICE SUPPORT

Practice support

Type of support (Q6.1)

Divisions were asked to report their types of practice support activity in 2011-12, where 96% (65/68 Divisions) reported the provision of at least one activity to support to practices. The types of support provided to the five highest numbers of practices were development/distribution of resources, up-skilling practice staff, providing information about local services, practice staff networks, and IM/IT activities; these were the five most provided activities in 2010-11 as well (see Table 9.1).

Even though there was a reduced number of Divisions reporting the provision of support to practices in 2011-12, and therefore across all types of support, practice amalgamation support was provided to the most 'practices per Division' when compared to the 2010-11 reporting period (18 practices per Division in 2010-11 increased by 19 to 37 practices per Division in 2011-12).

Table 9.a, Appendix H shows longitudinal data of type of practice support provided, proportion of Divisions, and number of practices receiving support, 2004-05 to 2010-11.

Table 9.1: Type of practice support provided by Divisions and number of practices receiving support, 2011-12 compared to 2010-11

Type of support	2011-12 (N=68)			2010-11 (N=111)		
	No. of Divisions	No. of Divisions with 'unknown' practice number	**No. of practices**	No. of Divisions	No. of Divisions with 'unknown' practice number	**No. of practices**
Development/ distribution of resources	61	7	4 255	109	0	7 896
Providing information about local services	58	7	3 887	104	6	6 522
Up-skilling practice staff	59	9	3 412	110	0	5 694
Practice staff networks	56	7	2 964	103	2	5 259
IM/IT	55	9	2 463	105	2	4 611
Accreditation	54	9	2 265	102	3	3 516
Introduction/employment of Practice Nurses	55	9	2 051	98	6	3 294
Business management advice & support	47	10	1 995	78	8	2 951
Developing practice systems	52	9	1 898	97	7	3 843
Developing practice teamwork	45	10	1 887	90	5	3 259
Implementation of new clinical procedures	33	16	1 402	66	15	2 971
Cultural sensitivity training	48	9	1 315	82	6	2 422
Locum use	27	14	693	53	14	1 092
Practice amalgamation	11	13	411	24	11	426
Clinical attachments	15	16	191	28	17	339
Other	5	1	112	15	0	1 031

IM/IT activities in Practices

Training and support (Q6.2)

Information management and information technology (IM/IT) training and support activities, were assessed in terms of what practices requested and what Divisions provided.

In 2011-12, over 80% of reporting Divisions provided training to the general practices in their catchment area in the use of disease registers and/or recall and reminder systems (85%), in electronic data transfer (81%) and in the use of clinical information systems (81%; see Table 9.2). The proportion of Divisions *receiving requests for training* and *providing training* remained relatively consistent for each type of IM/IT training activity to that of the previous year, where the Divisions provided training as requested in the use of disease registers and/or recall and reminder systems and in the use of on-line health evidence databases. However, web-site development training requests were the least provided (18 requests for training, with only 4 provided and requested).

In terms of support for IM/IT activities in 2011-12, the use of disease registers and/or recall and reminder systems and in electronic data transfer were provided by the most Divisions (85% and 84%, respectively). The proportions of Divisions *receiving requests* and *providing support* in all IM/IT activities were similar to that of 2010-11 (see Table 9.3). *Requests* and *provision* of IM/IT support were fulfilled for the use of disease registers and/or recall and reminder systems and for support in accessing IM/IT Practice Incentives Program (PIP) payments, with computing information and advice less often provided upon request (42 requests for support with only 34 requested and provided).

Longitudinal data (2007-08 to 2010-11) of the number and proportion of Divisions receiving requests from, and providing support to general practices for IM/IT training and support activities can be found in Table 9.b and Table 9.c, Appendix H.

Table 9.2: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *training* activities, 2011-12 compared to 2010-11

Type of IM/IT training	2011-12 (N=68)			2010-11 (N=111)		
	Requested n (%)	Provided n (%)	Requested & Provided n (%)	Requested n (%)	Provided n (%)	Requested & Provided n (%)
Use of disease registers and/ or recall & reminder systems	58 (85)	61 (90)	58 (85)	104 (94)	108 (97)	104 (94)
Electronic data transfer	59 (87)	57 (84)	55 (81)	107 (96)	105 (95)	105 (95)
Use of Clinical Information Systems	57 (84)	57 (84)	55 (81)	104 (94)	104 (94)	101 (91)
Support in accessing IM/IT PIP* payments	55 (81)	57 (84)	54 (79)	92 (83)	95 (86)	91 (82)
Use of Practice Management Systems	50 (74)	50 (74)	48 (71)	87 (78)	85 (77)	83 (75)
Use of on-line health evidence databases	34 (50)	40 (59)	34 (50)	58 (52)	63 (57)	56 (50)
Basic computer literacy	32 (47)	37 (54)	31 (46)	53 (48)	54 (49)	47 (42)
Web-site development	18 (26)	9 (13)	4 (6)	13 (12)	12 (11)	8 (7)

**Practice Incentive Program*

Table 9.3: Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *support* activities, 2011-12 compared to 2010-11

Type of IM/IT support	2011-12 (N=68)			2010-11 (N=111)		
	Requested n (%)	Provided n (%)	Requested & Provided n (%)	Requested n (%)	Provided n (%)	Requested & Provided n (%)
Use of disease registers and/or recall & reminder systems	58 (85)	61 (90)	58 (85)	102 (92)	106 (95)	102 (92)
Electronic data transfer	58 (85)	60 (88)	57 (84)	103 (93)	103 (93)	102 (92)
Support in accessing IM/IT PIP* payments	52 (76)	56 (82)	52 (76)	93 (84)	95 (86)	93 (84)
Computer support & technical assistance	42 (62)	37 (54)	37 (54)	70 (63)	61 (55)	61 (55)
Computing information & advice	42 (62)	35 (51)	34 (50)	72 (65)	63 (57)	63 (57)
Developing new applications	13 (19)	15 (22)	12 (18)	23 (21)	24 (22)	21 (19)
Bulk purchases of computer/software	13 (19)	13 (19)	9 (13)	21 (19)	22 (20)	19 (17)

**Practice Incentive Program*

CHAPTER 10
CONSUMER FOCUS

Collaborating with consumers

Indigenous involvement in the Division (Q7.1)

In 2011-12, 90% of Divisions (61/68) reported at least one formal mechanism to involve Indigenous consumers. Table 10.1 shows to what extent various mechanisms were used by Divisions to involve Indigenous health consumers or organisations. Divisions mostly conducted joint programs with other Indigenous organisations (62%). Just over half of reporting Divisions conducted both joint programs with Aboriginal Community Controlled Health Organisations (ACCHOs), including Aboriginal Medical Services (AMS) and ATSI advisory/reference group activities (51% each). Despite the reduced number of reporting Divisions in 2011-12, the proportion of formal mechanisms used remained relatively consistent to that of 2010-11.

Charts showing longitudinal data of proportions of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations 2002-03 to 2010-11 can be found in Figure 10.a.i and Figure 10.a.ii, Appendix I.

Table 10.1: Proportion of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations, 2011-12 compared to 2010-11

Formal mechanism	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Joint programs with other Indigenous health organisations	42	62	75	68
Joint programs with ACCHOs, including AMS	35	51	64	58
ATSI advisory/reference group	35	51	51	46
ATSI Liaison Officer	29	43	46	41
Other Indigenous representation on Division management/decision-making	16	24	26	23
ACCHOs representation on Division management/decision-making	8	12	20	18
Other	8	12	20	18
Division conducted at least one program/ activity	*61*	*90*	*105*	*95*

Mechanisms to involve and consult with consumers

Consumer involvement in Division activities (Q7.2)

In 2011-12, 90% of Divisions (61/68) reported using at least one formal mechanism to involve consumers in Division activities. As shown in Table 10.2, Divisions mostly provided staff members responsible for consumer engagement (69%), with over 50% of Divisions providing a program reference or advisory group(s) for involving consumers. As with other indicators, although there is a reduced number of reporting Divisions, the proportion of formal mechanisms used in 2011-12 remained relatively consistent to that of 2010-11.

Longitudinal data showing the proportions of Divisions reporting formal mechanisms for involving consumers 2002-03 to 2010-11 can be found in Figure 10.b.i and Figure 10.b.ii, Appendix I.

Table 10.2: Proportion of Divisions reporting formal mechanisms for involving consumers, 2011-12 compared to 2010-11

Formal mechanism	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Staff members responsible for consumer engagement	47	69	85	77
Program reference or advisory group(s)	35	51	54	49
Consumer representative on Division committees	31	46	75	68
Consumer representative on Division Board	28	41	62	56
Consumer/advisory reference group	23	34	36	32
Consumer advisor	10	15	16	14
Consumer Liaison Officer	3	4	9	8
Other mechanism to involve consumers	3	4	7	6
Division conducted at least one program/ activity	*61*	*90*	*105*	*95*

Activities involving consumers or community members

Evaluation, needs assessment and strategic planning (Q7.4)

In 2011-12, 90% of Divisions (61/68) reported at least one activity of evaluation, needs assessment and strategic planning. Consumers engaged mostly in the evaluation of programs (66%), with consumer involvement in needs assessment (53%) and strategic planning (44%) reported to a lesser extent (see Table 10.3).

In terms of specific activities for 2011-12, Divisions reported mostly involving individual consumers in evaluation of program activities (53%), in needs assessment (37%) and strategic planning (29%). Divisions also reported consumers were typically drawn from past/current Division programs to assist with program evaluation activities (38%), and from local organisations to assist with needs assessments (37%).

Longitudinal data (2004-05 to 2010-11) of the proportion of Divisions reporting consumer involvement in evaluation of programs, needs assessment, and strategic planning, and where consumers were drawn from, can be found in Table 10.a and Figure 10.c, Appendix I.

Table 10.3: Proportion of Divisions reporting consumer involvement in evaluation of programs, needs assessment and strategic planning, 2011-12 compared to 2010-11

Consumers drawn from	Evaluation of programs				Needs assessment				Strategic planning			
	2011-12 (N=68)		2010-11 (N=111)		2011-12 (N=68)		2010-11 (N=111)		2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs	n	% of total Divs	n	% of total Divs	n	% of total Divs	n	% of total Divs
Individual consumers	36	53	61	55	25	37	51	46	20	29	45	41
Past/current Division programs	26	38	50	45	22	32	42	38	18	26	32	29
Local organisations	22	32	36	32	25	37	47	42	16	24	26	23
Organised consumer group	20	29	33	30	22	32	33	30	13	19	27	24
Community health centre	8	12	16	14	12	18	24	22	8	12	15	14
State/Territory Health Department	6	9	10	9	8	12	13	12	5	7	11	10
State/Territory-wide organisations	6	9	9	8	10	15	10	9	6	9	15	14
Local government	5	7	9	8	8	12	14	13	7	10	14	13
Other source	1	1	2	2	2	3	2	2	1	1	5	5
Consumers involved in any activities	*45*	*66*	*82*	*74*	*36*	*53*	*69*	*62*	*30*	*44*	*65*	*59*

CHAPTER 11 WORKFORCE

Practice Nurses

Number of Practice nurses (Q8.1)

From 2003-04 to 2010-11, the reported number of practice nurses practising in Division catchments showed an upward trend across time. A chart showing the longitudinal data of the estimated number of practice nurses in Australia, 2003-04 to 2010-11 can be found in Figure 11.a, Appendix J.) In 2011-12, the reported number of practice nurses practising in Division catchments was 6 259, with 2 432 practices using a practice nurse. Victorian Divisions reported the greatest number of practice nurses, and Divisions reported practice nurses mostly practiced in metropolitan and rural areas (see Table 11.1, Table 11.2, and Table 11.3).

Table 11.1: Estimated number of practice nurses in catchment by state, 2011-12

		Number			
		Median	Minimum	Maximum	Total
Practice nurses working in catchment area	NSW (n=27)	66	13	350	1 740
	Vic (n=26)	96	0	240	2 194
	Qld (n=11)	94	36	310	693
	SA (n=7)	38	0	114	288
	WA (n=13)	48	16	258	1 161
	Tas (n=0)†	.	.	.	.
	NT (n=1)	183	183	183	183
	ACT (n=1)†	.	.	.	.
	Total	*73*	*0*	*350*	*6 259*
Number of practices using a practice nurse	NSW (n=27)	30	7	115	683
	Vic (n=26)	31	4	91	803
	Qld (n=11)	40	9	95	251
	SA (n=7)	17	0	50	131
	WA (n=13)	19	8	91	448
	Tas (n=0)†	.	.	.	.
	NT (n=1)	116	116	116	116
	ACT (n=1)†	.	.	.	.
	Total	*29*	*0*	*116*	*2 432*

†No data for 2011-12 due to transitions to Medicare Locals and not required to report.

Table 11.2: Practice nurse engagement in general practices by State, 2011-12

State	Practice nurses (n)	General practices		
		Number in state (n)	Number using a practice nurse (n)	Proportion using a practice nurse (% of total)
NSW (n=27)	1 740	1 615	683	42
Vic (n=26)	2 194	1 317	803	61
Qld (n=11)	693	308	251	81
SA (n=7)	288	312	131	42
WA (n=13)	1 161	566	448	79
Tas (n=0)†	.	.	.	.
NT (n=1)	183	126	116	92
ACT (n=1)†	.	.	.	.
Total (N=68)	*6 259*	*4 244*	*2 432*	*57*

†No data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals and not required to report.

Table 11.3: Practice nurse engagement in general practices by RRMA, 2011-12

RRMA	Practice nurses (n)	General practices		
		Number in RRMA (n)	Number using a practice nurse (n)	Proportion using a practice nurse (% of total)
Metropolitan (n=43)	3 707	3 035	1 456	48
Metro-rural (n=6)	627	317	249	79
Rural (n=24)	1 500	653	529	81
Rural-remote (n=9)	342	188	155	82
Remote (n=4)	83	51	43	84
Total (N=68)	*6 259*	*4 244*	*2 432*	*57*

†No data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals and not required to report.

Table 11.4 shows the comparison of 2011-12 reporting to that of 2010-11 where the proportion of Divisions using a Practice Nurse remained relatively consistent across the time periods (57% in 2011-12, 59% in 2010-11). The average (Mean) number of practices using practice nurses also stayed relatively consistent with an average of 35.8 in 2011-12 from 37.3 in 2010-11, suggesting that regardless of the reduced number of reporting Divisions in 2011-12, the reported engagement of practice nurses in Australia 2011-12 reflected that of 2010-11.

Table 11.4: Practice nurse engagement in Australia†, 2011-12 compared to 2010-11

		2011-12 (N=68)		2010-11 (N=111)	
		n	Mean	n	Mean
Total Number of practices		4 244	62.4	7 035	63.4
Number of Practice Nurses working in catchment area		6 259	92.0	10 759	96.9
Number of practices using a Practice Nurse		2 432	35.8	4 140	37.3
Proportion using a practice nurse (% of total)		57%		59%	
	State	**n**	**%**	**n**	**%**
Practice nurses working in catchment area (% of total PNs)	NSW	1 740	28	2 879	27
	Vic	2 194	35	2 830	26
	Qld	693	11	2 187	20
	SA	288	5	970	9
	WA	1 161	19	1 140	11
	Tas†	.	.	340	3
	NT	183	3	187	2
	ACT†	.	.	226	2
	Total	*6 259*	*100*	*10 759*	*100*
Number of practices using a practice nurse (% of total practices)	NSW	683	42	1206	44
	Vic	803	61	1043	62
	Qld	251	81	892	76
	SA	131	42	338	63
	WA	448	79	406	71
	Tas†	.		121	77
	NT	116	92	79	75
	ACT†	.		55	65
	Total	*2 432*	*57*	*4 140*	*59*
	RRMA	**n**	**%**	**n**	**%**
Practice nurse engagement in general practices by RRMA	Metropolitan	1 456	48	2356	49
	Metro-rural	249	79	461	75
	Rural	529	81	929	82
	Rural-remote	155	82	348	85
	Remote	43	84	46	90
	Total	*2 432*	*57*	*4 140*	*59*

†No data for Tasmania or ACT in 2011-12 due to transitions to Medicare Locals and not required to report.

Supporting practice nurses

Almost all Divisions reported providing at least one activity to support practice nurses in general practice (64/68 Divisions, 94%). Table 11.5 shows Divisions' continuing preference for professional development/education/up-skilling activities, chronic disease management, support for enhanced primary care support and chronic disease management items, and facilitation of networks of practice nurses – the four most reported Practice Nurse support programs or activities 2010-11 and 2011-12.

Longitudinal data showing the proportion of Divisions providing support to practice nurses 2002-03 to 2010-11 can be found in Figure 11.b.i and Figure 11.b.ii, Appendix J.

Table 11.5: Proportion of Divisions reporting Practice Nurse support programs or activities, 2011-12 compared to 2010-11

Program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Professional development/education/up-skilling	63	93	111	100
Chronic disease management	62	91	104	94
Enhanced Primary Care support/CDM items	58	85	107	96
Facilitation of networks of Practice Nurses	56	82	100	90
Involving Practice Nurses in Division activities	49	72	87	78
Induction/orientation into general practice	46	68	90	81
Provision of mentoring to nurses	42	62	78	70
Provision of clinical support to nurses	39	57	84	76
Contracting nurses on behalf of practices	10	15	18	16
Other support	8	12	18	16
No activities	4	6	0	0
Division involved in any activities or programs of Practice Nurse support	*64*	*94*	*111*	*100*

Workforce

GP workforce support activities (Q8.2)

Ninety-three percent of Divisions (63/68) reported providing at least one activity to support the workforce needs and wellbeing of GPs in 2011-12. Divisions continued their involvement in GP support and Practice support (88% for each). All support activities were undertaken by similar proportions of Divisions to that in 2010-11 (see Table 11.6).

Charts showing longitudinal data of proportions of Divisions undertaking activities to support the workforce needs and wellbeing of GPs, 2002-03 to 2010-11, can be found in Figure 11.c.i and Figure 11.c.ii, Appendix J.

Table 11.6: Proportion of Divisions undertaking activities to support the workforce needs and wellbeing of GPs, 2011-12 compared to 2010-11

Program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
GP support	60	88	106	95
Practice support	60	88	102	92
Student and registrar support	48	71	95	86
International medical graduate	36	53	70	63
Locum support	32	47	50	45
Facilitating peer support activities	26	38	59	53
Teaching and mentoring	26	38	55	50
Social Support	24	35	52	47
Family Support	21	31	38	34
Other support	4	6	4	4
No activities	5	7	2	2
Involved in at least one activity or program	*63*	*93*	*109*	*98*

GP health

The trend in the provision of GP health support activities remained relatively consistent over the years. Figure 11.d.i and Figure 11.d.ii in Appendix J show longitudinal data of the proportions of Divisions undertaking activities undertaking activities to support GP health from 2002-03 to 2010-11.

In 2011-12, 51 Divisions (75%) provided at least one activity to support GP health. As Table 11.7 shows, again, over 50% of Divisions encouraged GPs to have their own GP, the most common activity, with similar proportions for the other programs or activities across the two reporting periods.

Table 11.7: Proportion of Divisions undertaking activities to support GP health, 2011-12 compared to 2010-11

Program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Encouraging GPs to have their own GP	37	54	60	54
Social or physical activity events	28	41	49	44
Providing educational sessions on GP health	14	21	34	31
Counselling and debriefing services for GPs	14	21	26	23
Other activities	2	3	5	5
No activities	17	25	18	16
Involved in at least one activity or program	*51*	*75*	*93*	*84*

Practice development and education

Most Divisions in 2011-12 reported providing at least one GP practice development and education activity (66/68 Divisions; 97%). Continuing professional development remained the most commonly provided activity with similar proportions to 2010-11 for all other forms of GP practice development and education support (see Table 11.8). Previous data are shown as longitudinal charts of the proportions of Divisions undertaking activities to support GP practice development and education, 2002-03 to 2010-11, Figure 11.e.i and Figure 11.e.ii, Appendix J.

Table 11.8: Proportion of Divisions undertaking activities to support GP practice development and education, 2011-12 compared to 2010-11

Program / activity	2011-12 (N=68)		2010-11 (N=111)	
	n	% of total Divs	n	% of total Divs
Continuing professional development	63	93	111	100
Education and/or training	55	81	101	91
Accreditation	54	79	95	86
Recruitment and/or retention	46	68	86	77
GP and workforce surveys	44	65	92	83
Needs analysis/data collection	39	57	86	77
Other activities	1	1	2	2
No activities	2	3	-	-
Involved in at least one activity or program	*66*	*97*	*111*	*100*

Workforce Support for Rural General Practitioners (WSRGP) Program (Q8.2)

The WSRGP Program, initiated in 2000-01, was part of the Australian Government's Rural Health Strategy, and coordinated funding for a range of activities to support the workforce needs of rural general practice and related medical services. The 36 Divisions that reported eligibility for WSRGP Program funding in 2011-12 consisted of 11 Divisions from Victoria, 8 from WA, 7 from NSW, 5 from Queensland, 4 from SA, and one NT Division.

Table 11.9 shows the total number and proportion of medical staff receiving WSRGP support in 2011-12 compared to 2010-11. Even though there is a reduced number of Divisions reporting

WSRGP support, the proportions reflect that of the previous year. Longitudinal data of the number of medical workforce receiving WSRGP support, 2006-07 to 2010-11 can be found in Table 11.a, Appendix J.

Table 11.9: Number and proportion of medical workforce receiving WSRGP support, 2011-12 compared to 2010-11

Type of GP staff receiving WSRGP support	2011-12 (N=36)			2010-11 (N=66)		
	No. of Divs reporting (unknown)	Sum	% of total	No. of Divs reporting (unknown)	Sum	% of total
GP	34 (2)	1903	50	64 (2)	3179	46
Registrars	34 (2)	466	12	63 (3)	808	12
Medical students	30 (6)	496	14	56 (5)	1208	17
International medical graduates	33 (3)	776	21	61 (3)	1507	22
Other	5 (0)	138	3	8 (0)	222	3
Total	*34 (6)*	*3779*	*100*	*64 (5)*	*6924*	*100*

Table 11.10 shows the number and proportion of Division activities provided using WSRGP Program funding in 2011-12 compared to 2010-11:

- For 2011-12, all 36 Divisions reported receiving funding to conduct one or more activities that support the workforce *needs/wellbeing of GPs*; with 35/36 Divisions (97%) reported providing GP support and practice support.
- Overall, 22 Divisions (61%) indicated *providing GP health activities*; with half encouraging GPs to have their own GP as the main activity in 2011-12.
- Thirty-five Divisions (97%) reported the provision of at least one *GP practice development and education activity*, compared to 92% (59/64 Divisions) in 2010-11.

Previous trends shown as longitudinal charts of the proportions of Divisions receiving support from the WSRGP Program undertaking activities to support the GP workforce, 2006-07 to 2010-11, can be found in Appendix J (see Figure 11.f, Figure 11.g, and Figure 11.h).

Table 11.10: Number and proportion of Division activities or programs provided using WSRGP Program funding, 2011-12 compared to 2010-11

WSRGP funded area	2011-12 (N=36)		2010-11 (N=64)	
	n	% of total Divs†	n	% of total Divs†
GP workforce support				
GP support	35	97	59	92
Practice support	35	97	41	64
Student and registrar support	27	75	48	75
International medical graduates support	31	86	53	83
Locum support	19	53	22	34
Teaching and mentoring	25	69	28	44
Facilitating peer support activities	18	50	26	41
Social Support	19	53	29	45
Family support	18	50	32	50
At least one activity	*36*	*100*	*64*	*100*
GP health activities				
Encouraging GPs to have their own GP	18	50	19	30
Social or physical activity events	14	39	21	33
Providing educational sessions on GP health	9	25	14	22
Counselling and debriefing services for GPs	4	11	8	13
At least one activity	*22*	*61*	*38*	*59*
GP practice development and education				
Recruitment and retention	24	69	45	70
Continuing Professional Development (CPD)	25	71	46	72
GP and workforce surveys	17	49	37	58
Education and/or training	24	69	41	64
Needs analysis/data collection	16	46	30	47
Accreditation	15	43	23	36
At least one activity	*35*	*97*	*59*	*92*

†Proportions (%) calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

CHAPTER 12
THE DIVISIONS NETWORK (AND RWA)

State Based Organisations (SBO)

SBO services (Relationships Q9.1)

In 2011-12, Divisions were asked to rate their SBO's service provision across the four criteria in Table 12.1. Divisions reported that effective leadership (94%), adequate, timely and relevant information (94%), representation and advocacy (93%), and SBO help in Division capacity building (93%) were provided either '*to some'* or '*a great extent'.* These proportions reflect that of 2010-11 even with fewer reporting Divisions overall.

SBO satisfaction (Relationships Q9.2)

For 2011-12, Divisions rated their satisfaction with particular SBO services, where more than three-quarters of reporting Divisions were '*satisfied'* or *'very satisfied'* with SBO communication (78%) and SBO forums and workshops (76%). Table 12.2 shows these proportions were comparable to 2010-11 with small decreases in Divisions' satisfaction.

Longitudinal data of Divisions reporting the use and usefulness of these SBO services can be found in Table 12.a, Table 12.b, Appendix K, as well as retrospective data on Division Board, CEO, and staff use of SBO services, reported between 2004-05 and 2007-08 (Table 12.c, Appendix K).

Table 12.1: Extent to which SBOs provided services at a State or Territory level, 2011-12 compared to 2010-11

SBO provides	2011-12 (N=68)			2010-11 (N=111)		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Effective leadership	4 (6)	40 (59)	24 (35)	5 (5)	61 (55)	45 (41)
Adequate, timely, relevant information	4 (6)	36 (53)	28 (41)	4 (4)	55 (50)	52 (47)
Representation & advocacy	5 (7)	35 (51)	28 (41)	4 (4)	53 (48)	54 (49)
Help in Division capacity building	5 (7)	44 (65)	19 (28)	13 (12)	62 (56)	36 (32)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.2: Division satisfaction with SBO services, 2011-12 compared to 2010-11

SBO services	2011-12 (N=68)					2010-11 (N=111)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Forums and workshops	3(4)	2(3)	11(16)	35(51)	17(25)	1(1)	2(2)	16(14)	64(58)	28(25)
Communication	5(7)	3(4)	7(10)	32(47)	21(31)	1(1)	3(3)	17(15)	54(49)	36(32)
Education and training	4(6)	1(1)	17(25)	31(46)	15(22)	1(1)	6(5)	19(17)	60(54)	25(23)
Other services	3(4)	2(3)	21(31)	29(43)	13(19)	2(2)	3(3)	36(32)	49(44)	21(19)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Australian General Practice Network (AGPN)

As part of the Australian Government's National Health Reform the new Australian Medicare Local Alliance was established in Canberra. The previous Board of AGPN had proposed that the AGPN organisation consider closing operations. The proposal to wind up was not supported by the required number of AGPN members at an Annual General Meeting in November 2012 signifying a strong call for AGPN to continue, albeit in a refocused form. This potential for uncertainty during the 2011-12 ASD reporting period may have had an impact on the following results.

AGPN services (Relationships Q9.3)

As in 2010-11, 95% of Divisions considered that the AGPN achieved links to strengthen the primary health care system '*to some*' or '*to a great extent*' in 2011-12; 82% provided the same rating for national leadership and governance. This is a decrease from 87% in 2010-11. Table 12.3 shows the proportion of Divisions reporting on both AGPN services, 2011-12 compared to 2010-11.

AGPN satisfaction (Relationships Q9.4)

Divisions rated their satisfaction with AGPN services for 2011-12 with Divisions '*satisfied*' or '*very satisfied*' with AGPN communication (68%), AGPN forums/workshops (66%), and AGPN education and training (54%). Over half of Divisions provided the same rating for other AGPN services (51%; see Table 12.4).

Longitudinal data of Divisions reporting on the use and usefulness of these AGPN services can be found in Table 12.d and Table 12.e, Appendix K. Retrospective data on Division Board, CEO, and staff use of AGPN services reported between 2004-05 and 2007-08 are also provided (see Table 12.f, Appendix K).

Table 12.3: Extent to which AGPN achieved national leadership and governance and links to strengthen the Primary Health Care System, 2011-12 compared to 2010-11

AGPN provides	2011-12 (N=68)			2010-11 (N=111)		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
National leadership and governance	12 (18)	35 (51)	21 (31)	14 (13)	59 (53)	38 (34)
Links to strengthen the primary health care system	3 (4)	43 (63)	22 (32)	6 (5)	50 (45)	55 (50)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.4: Division satisfaction with AGPN services, 2011-12 compared to 2010-11

AGPN services	2011-12 (N=68)					2010-11 (N=111)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Forums and workshops	4(6)	7(10)	12(18)	36(53)	9(13)	2(2)	5(5)	25(23)	61(55)	18(16)
Education and training	4(6)	6(9)	21(31)	39(43)	8(12)	3(3)	5(5)	34(31)	56(51)	13(12)
Communication	6(9)	6(9)	10(15)	37(54)	9(13)	2(2)	15(14)	19(17)	55(50)	20(18)
Other services	6(9)	4(6)	23(34)	27(40)	8(12)	3(3)	5(5)	46(41)	48(43)	9(8)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

AGPN National Network Library (Q9.5)

Due to the transition to Medicare Locals and the changes to the AGPN noted above, the reported usage of the AGPN National Network Library was as expected, with 79% of reporting Divisions indicating *'very little'* use (see Table 12.5); and as shown in Table 12.6, over a third of Divisions had '*no opinion'* about how useful the AGPN national network library resource was in 2011-12 (38%), with 29% reporting that it was '*somewhat useful'* and to a lesser extent '*useful'* (13%), similar to reporting in 2010-11. There was no change in the proportion of Divisions reporting that it was *'not useful'* (18%), with only one Division reporting the Library was '*very useful'*.

Retrospective data reported 2009-10 and 2010-11 on Division usage of AGPN's National Network Library, by state and by RRMA classification, are provided in Appendix K (see Tables 12.g, 12.h, 12.i, and 12.j).

Table 12.5: Division *usage* of AGPN's National Network Library, 2011-12 compared to 2010-11

	2011-12 (N=68)			2010-11 (N=111)		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
n (%)	54 (79)	14 (21)	0 (0)	79 (71)	29 (26)	3 (3)

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.6: Division ratings of the *usefulness* of AGPN's National Network Library, 2011-12 compared to 2010-11

	2011-12 (N=68)					2010-11 (N=111)				
	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile
n(%)	12(18)	20(29)	26(38)	9(13)	1(1)	20(18)	31(28)	37(33)	21(19)	2(2)

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Rural Workforce Agencies (RWAs)

RWA usage and satisfaction (Q8.3)

A total of 23 Divisions (34%) reported eligibility for RWA services in 2011-12 (compared to 47 Divisions, 42% in 2010-11). This consisted of 11 rural Divisions, 5 metro-rural, 4 rural-remote, and 3 metropolitan Divisions reporting RWA service eligibility.

Table 12.7 shows that across the two time periods, Division staff reported similar proportions of RWA services usage, noting that 2011-12 had less than half the number of Divisions reporting in 2010-11. The overall satisfaction level across the three groups improved ratings in 2010-11; with no Divisions reporting dissatisfaction with RWA services in 2011-12 (see Table 12.8).

Longitudinal data, 2005-06 to 2010-11, of Divisions reporting on use and usefulness of these RWA services can be found in Table 12.k and Table 12.l, Appendix K.

Table 12.7: Division Board, CEO and staff use of RWA services, 2011-12 compared to 2010-11

Use of RWA by	2011-12 (N=23)			2010-11 (N=47)		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Division Board	17 (74)	4 (17)	2 (9)	34 (72)	10 (21)	3 (6)
Division CEO	10 (43)	8 (35)	5 (22)	19 (40)	21 (45)	7 (15)
Division staff	5 (22)	11 (48)	7 (30)	8 (17)	22 (47)	17 (36)

Note: proportions are calculated using the number of eligible Divisions (N) as the denominator. Rounding errors may occur.

Table 12.8: Division Board, CEO and staff overall level of satisfaction with RWA, 2011-12 compared to 2010-11

Satisfaction with RWA by	2011-12 (N=23)					2010-11 (N=47)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Division Board	-	-	12(52)	8(35)	3(13)	-	2(4)	26(55)	14(30)	5(11)
Division CEO	-	-	8(35)	12(52)	3(13)	-	3(6)	14(30)	20(43)	10(21)
Division staff	-	-	7(30)	11(48)	5(22)	-	4(9)	7(15)	26(55)	10(21)

Note: proportions are calculated using the number of eligible Divisions (N) as the denominator. Rounding errors may occur.

REFERENCES

1 Kalucy E, Hordacre A-L, Patterson S. (2008). Going online - experiences with a web survey. *Australian Health Review, 32*(2), 366-370.

2 Australian Government Department of Health & Ageing. (2005). *Review of the Rural, Remote, and Metropolitan Areas (RRMA) Classification. Discussion Paper (Without Prejudice)*. Canberra: Australian Government.

3 Australian Institute of Health & Welfare. (2004). *Rural, regional and remote health: A guide to remoteness classifications* (No. PHE 53). Canberra: AIHW.

4 Royal Australian College of General Practitioners. (2005, 6 September 2005). What is general practice. Retrieved 18 April 2008, from <www.racgp.org.au/whatisgeneralpractice>

APPENDICES

Appendix A Annual Survey

2011-12 Annual Survey (PHC RIS)

Word version

Introduction

Welcome to the 2011-12 Annual Survey for your Division. This survey covers the period 1 July 2011 - 30 June 2012.

For further background information about the Annual Survey of Divisions (ASD), visit the main PHC RIS website at http://www.phcris.org.au/products/asd.

The ASD forms part of the contractual requirement of Divisions and is now an integrated component of the Divisions Online Reporting System.

Using the menu on the left please:

- Answer *all* questions
  - You can login as many times as you like
  - Your responses will be saved as you proceed to the next question
  - More than one user can enter data at the same time
- **Green icons** indicate that all questions in the area are complete
- **Review / Print** your responses, to confirm they are correct
- Finally your completed survey will be submitted to PHC RIS when you **submit** your 12 Month Report.

Please keep a record of how long it takes to complete the Survey, and record the total time spent at the end of the Survey.

If you have any problems or questions please contact us via our PHC RIS Assist service.

The deadline for this section is 30th September 2012.

To continue in this survey click the 'Next' button.

Privacy of Responses

Identified data from most sections of the Survey may be provided on request, eg. to identify which Divisions are involved in particular activities.
Sensitive data will not be provided in identified format. This includes data provided in the 'Relationship with Organisations in Division Network' and 'Funding' sections of the Survey.

View the PHC RIS data collection and privacy policy for further details.
To continue to the first question of the survey click the 'Next' button to the right.

CONTEXT

Division Staff

How many staff were employed by your Division during the last pay period ending at 30 June 2012?

Please indicate the number and Full-Time Equivalent (FTE) of GP and non-GP staff employed at this time. Include staff employed by the Division on a permanent, contract or casual basis, and those on leave at this time. Do not include time spent by staff (eg. medical or allied health care professionals) providing direct patient services.

	FTE	***Number of people***
GP Staff		
Non-GP Staff		

Other questions ask about number and FTE of staff providing direct patient services. These are addressed in **Access**. If you would like to answer these now, please follow the links below:

AHP Services (sub-questions)

Practices

How many general practices were in your Division's catchment area at 30 June 2012?

If practices have more than one location, please count each location. The total number of practices should equal the sum of the following three categories.

If value not known please type 'unknown'

Practice Type	**Estimated number of practices**	**Data Source**
Solo practices:		
Practices with 2–5 GPs		
Practices with 6 or more GPs		
Total number of practices:		

If value not known please type 'unknown'

	Estimated number of practices	Data Source
How many of these practices were corporately owned?		
How many of these practices were accredited?		

Health Workforce

How many GPs do you estimate were practising in your Division's catchment area at 30 June 2012?

Please note that this only includes GPs who were practising in your Division's catchment area, and does not include those who are retired or who live, but do not practise, in the catchment area.

If value not known please type 'unknown'

	Estimated number	Data Source
Total estimated number of GPs practising in catchment		
How many were females?		
How many were aged > 55 years?		
How many were GPs working in corporate general practice?		
How many were registrars?		
How many were international medical graduates (IMGs; formerly OTDs)?		
How many GPs practise in Aboriginal Community Controlled Health Services?		

How many other primary medical care practitioners (eg. Royal Flying Doctor Service practitioners) were in your Division's catchment area at 30 June 2012?

If value not known please type 'unknown'

Estimated Number

Data Source

How many Aboriginal Community Controlled Health Services were in your Division's catchment area at 30 June 2012?

If value not known please type 'unknown'

Estimated Number

Data Source

Section **Workforce** addresses number of medical workforce accessing WSRGP. If you would like to answer these now, please follow the link below:

WSRGP

Division Members

How many members belonged to your Division on 30 June 2012?

Please list according to occupation. If any value is not known, please type 'unknown'. If none, please type 0.

Occupation of member	*Number of full members*	*Number of associate members*	*Total number of members*
GPs (excluding IMGs and Registrars)			
IMGs			
Registrars			
Allied health professionals			
Practice nurses			
Practice staff (other than practice nurses)			
Medical specialists			
Other – description (please specify):			
Total number of members in your Division:			

GOVERNANCE

Board

How many people were on your Division's Board of Directors?
If none, please type '0'

Type of Board member	*GPs*	*Non-GPs*
Total number of Board members		
Number of female Board members		
Number of Indigenous Board members		
Number of Allied Health Professional		
Number of consumer/community representatives		

Do any members of your Board of Directors also have paid positions in the Division?
For example, a Board member who is also the Division CEO or executive director.
! Note: expecting at least one selection

☐ **No**
☐ **Yes**

Please indicate the number of Board members with paid positions in Division

What proportion of DGPP funds are allocated to Director's fees?
Enter a number between 0 and 100
%

Funds (external)

What amount of *external* funding did your Division secure or receive, in addition to that provided by the Australian Government Department of Health and Ageing as core or Multi-Program Agreement (MPA) funding in the financial year 2011-12?

Include cash donations, sponsorship for newsletter publication, funding from local service clubs, sponsorship for CPD/CME, external funding for Division-sponsored activities, and external funding for Division representatives on committees, etc.
Exclude all funding provided through core funding and the MPA and funding raised from members.

If none please enter '0', or if amount not known please enter 'unknown'.

! Note: expecting a number with no more than two decimal places or 'unknown'

Source of Funding	*Amount received* ($)
Australian Government Department of Health and Ageing (excluding core or MPA funding)	
Australian Government (other than Department of Health and Ageing)	
AGPN (eg. Lifescripts, Practice Nursing, etc.)	
State/Territory government	
Local government	
Non-profit organisation	
Other commercial source	
Pharmaceutical company	
National Prescribing Service	
Pharmacy Guild	
Other (please specify):	

PREVENTION

Activities

What activities with a prevention and early intervention focus did your Division conduct in 2011-12?

Please specify activity focus areas only, as individual programs will be covered in a subsequent question.
Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Immunisation
☐	Injury prevention
☐	Type II diabetes prevention
☐	Health promotion
☐	Skin cancer screening
☐	Cervical screening
☐	Bowel cancer screening
☐	Breast cancer screening
☐	Smoking
☐	Nutrition
☐	Alcohol and other drugs
☐	Physical activity
☐	Healthy weight/obesity
☐	Mental health
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No activities**

**Sub-questions for each prevention and early intervention activity selected as follows:*

Please provide details for the prevention and early intervention activity for '...*...'

What approaches were used to conduct this prevention and early intervention activity?

! Note: expecting at least one selection

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Other

Which population groups was this prevention and early intervention activity aimed at?

! Note: expecting at least one selection

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

Programs

What programs with a prevention and early intervention focus did your Division conduct in 2011-12?

Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Lifescripts
☐	Pit Stop
☐	Men's sheds
☐	Healthy for life
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No programs**

**Sub-questions for each prevention and early intervention activity selected as follows:*

Please provide details for the prevention and early intervention program for '...*...'

What approaches were used to conduct this prevention and early intervention program?

! Note: expecting at least one selection

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Other

Which population groups was this prevention and early intervention program aimed at?

! Note: expecting at least one selection

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

ACCESS

GP Services

How was your Division involved in activities aimed at improving access to GP services in 2011-12?

This question relates to access to GP services, not workforce issues, which are addressed in another section. If applicable, please include alternative models of service provision in 'Other'.

☐	Locum services
☐	After hours services
☐	More flexible hours of GP services
☐	Alternative/expanded location of GP services
☐	Addressing financial barriers to accessing GP services
☐	Increased GP services in ACCHS settings
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No programs or activities**

AHP Services – RPHS & Others

Which AHPs were engaged to provide health services in your Division's programs in 2011-12?

This includes AHPs who were employed or contracted by your Division.
Details of each will be required for sub-questions.

! Note: All resulting sub-questions must also be completed.

	Provider Type
☐	Aboriginal and Torres Strait Islander health workers
☐	Aboriginal and Torres Strait Islander mental health workers
☐	Audiologists
☐	Chiropractors
☐	Counsellors
☐	Dietitian/nutritionists
☐	Occupational therapists
☐	Physiotherapists
☐	Podiatrists
☐	Psychologists
☐	RN – Diabetes educators
☐	RN – Mental health nurses
☐	RN – Asthma educators
☐	RN – General (not Practice nurses)
☐	Social workers
☐	Speech pathologists
☐	Other (please specify up to 1)
	[+OTHER]
☐	**No AHPs were engaged with RPHS and other fundings**

**Details for each will be required in sub-question as follows:*

*sub-questions

Please provide the FTE of AHPs of type '…*…' according to the program through which they were funded.
This includes AHPs who were employed or contracted by your Division. If the actual number is not known please type 'unknown'.

RPHS (Rural Primary Health Services)

FTE staff funded

Number of RPHS services provided in 2011-12

Please, list, separately, each area (ie. name of town/s or community) that this RPHS service covers and the estimated FTE for this area.

Please specify up to 15:

Area that RPHS service covers	FTE for this area

Programs / funding sources *OTHER THAN* RPHS in 2011-12

FTE of staff funded	
Number of services provided in 2011-12	

Indigenous collaboration

How was your Division involved in conducting any programs or activities to improve access to primary health care services for Aboriginal and Torres Strait Islander patients?

For example, promotion of Indigenous health services to GPs.

☐	Recruitment and retention of Indigenous staff (clinical)
☐	Recruitment and retention of Indigenous staff (administrative)
☐	Recruitment and retention of staff for Indigenous services
☐	Introduce Indigenous services to existing clinic/practice
☐	Participation in community projects
☐	Support development of Indigenous clinics
☐	Engagement with Indigenous organisations
☐	Cultural awareness training
☐	Promoting Indigenous health issues
☐	Assist in grant applications and project proposals
☐	Professional development for Indigenous staff
☐	Assisting Aboriginal Community Controlled Health Services (ACCHOs) in the catchment to make optimal use of the MBS
☐	Supporting ACCHOs in PIP accreditation-related activities
☐	Supporting ACCHOs in immunisation-related activities
☐	Other [please specify up to 5]
☐	**No programs or activities**

Indigenous Status

How did your Division provide assistance to general practices to accurately record the Aboriginal and or Torres Strait Islander status of all patients?

☐	Specific information sessions
☐	Incorporated in other information sessions
☐	Practice visits conducted for this issue specifically
☐	Other [please specify up to 5]
☐	**No assistance to GPs to record status**

INTEGRATION

Shared care

Which structured shared care programs was your Division involved in conducting in 2011-12?

Shared care is defined as a collaborative approach to coordinating patient care between specialists/specialist teams and primary health care providers.

☐	Antenatal/postnatal
☐	Diabetes
☐	Mental health
☐	Aged care
☐	Palliative care
☐	Cardiac rehabilitation
☐	Drug and alcohol
☐	Asthma
☐	Development of electronic communications
☐	Quality use of medicines
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No structured shared care programs**

Hospitals & Specialists

Which programs or activities that aimed to improve GP collaboration with hospitals and/or specialists was your Division involved in conducting in 2011-12?

☐	Preventing avoidable admissions/ providing alternative to admissions
☐	Communication between emergency departments and GPs
☐	Admission/discharge notification
☐	Admission planning and assessment
☐	Negotiated discharge plan
☐	Home/hospital/post-acute care in community
☐	GP Hospital Liaison
☐	After Hours Primary Medical Care Trial
☐	Quality Use of Medicines
☐	Multidisciplinary continuing professional development events
☐	Other (please specify up to 5):
☐	**No programs or activities to improve GP collaboration with hospitals and/or specialists**

Primary Care

Which programs or activities, to improve GP collaboration with other primary care providers, was your Division involved in conducting in 2011-12?

This includes community health services, pharmacists, podiatrists, dentists, dietitians, district nursing, domiciliary care, hospital-based primary care clinics, etc.

☐	CDM items or EPC
☐	Arranging access to allied health services
☐	Case conferencing
☐	Care planning
☐	Post discharge planning and management
☐	Specific programs to improve communication
☐	Partnerships with primary care providers

☐	Referral pathways/protocols
☐	Shared care
☐	Quality use of medicines
☐	Other (please specify up to 5):
[+OTHER]	
☐	**No programs or activities to improve GP collaboration with other primary care providers**

CHRONIC DISEASE MANAGEMENT

Chronic Disease

Which chronic diseases' did your Division's programs or activities focus on in 2011-12?
Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Cancer
☐	Diabetes
☐	Mental health
☐	CVD
☐	Asthma
☐	Arthritis
☐	Chronic Obstructive Pulmonary Disease (COPD)
☐	Other (please specify up to 5):
[+OTHER]	
☐	**We had no programs or activities with a specific focus on managing chronic disease**

**Sub-questions for each designated program or activity with a specific focus on managing chronic disease selected:*

Please provide details of your CDM program or activity for '...*...'

What approaches were used to conduct this CDM program or activity?

! Note: expecting at least one selection.

☐	GP education
☐	Practice support
☐	Recall and reminder system
☐	Patient services
☐	Community awareness
☐	Collaboration with other organisations
☐	Primary Care Collaboratives
☐	Chronic Disease Self-Management education
☐	Other

Which population groups was this CDM program or activity aimed at?

! Note: expecting at least one selection.

☐	Indigenous Australians
☐	CALD
☐	Children/Youth
☐	Older people
☐	Women
☐	Men
☐	Low SES
☐	No specific group
☐	Other

GP SUPPORT

Practice Support

How did your Division provide support to practices (either via GPs or practice staff) in 2011-12?

If no support of a given type was provided, please enter '0', or if the number of practices is not known, please enter 'unknown'.

! Note: expecting a whole number or 'unknown'

Type of Practice Support	*Number of practices that received support*
Up-skilling practice staff	
Supporting implementation of new clinical procedures	
Development/distribution of resources	
IM/IT support	
Supporting introduction/employment of practice nurses	
Providing information about local services	
Support for accreditation	
Practice staff networks (including practice nurses and practice managers)	
Business management advice and support	
Clinical attachments	
Locum use	
Practice amalgamation	
Developing practice teamwork	
Developing practice systems	
Cultural sensitivity training	
Other (please specify):	
[+OTHER]	

Other questions ask about 'workforce' support for GPs; these are addressed in Section **Workforce**. If you would like to complete these now, follow the links below:

Needs & Wellbeing

IM/IT Training in Practices

What Information Management and Information Technology (IM/IT) *training* did your practices seek from your Division *and* what activities did your Division undertake with practices?

IM/IT training

! Note: each option must have a response

	General Practices request support with:		*My Division provides assistance with*	
Program/Activity	**Yes**	**No**	**Yes**	**No**
Basic computer literacy	○	○	○	○
The use of Clinical Information Systems	○	○	○	○
The use of Practice Management Systems (eg. billing)	○	○	○	○
The use of on-line health evidence databases	○	○	○	○
The use of disease registers and/or recall and reminder systems	○	○	○	○
Electronic data transfer (eg. the use of messaging software, broadband and security)	○	○	○	○
Support in accessing IM/IT Practice Incentive Payments	○	○	○	○
Web-site development	○	○	○	○
Other (please specify up to 5)	○	○	○	○
[+OTHER]				

Please comment on those areas in which practices have requested training that the Division has not provided

IM/IT Support in Practices

What Information Management and Information Technology (IM/IT) *support* did your practices seek from your Division *and* what activities did your Division undertake with practices?

IM/IT support

! Note: each option must have a response

	General Practices request support with:		*My Division provides assistance with*	
Program/Activity	**Yes**	**No**	**Yes**	**No**
Computer support and technical assistance (such as Helpdesk support)	○	○	○	○
Computing information and advice (such as in purchasing software and accessing vendor support)	○	○	○	○
Bulk purchases of computers/software	○	○	○	○
Developing new applications	○	○	○	○
In the use of disease registers and/or recall and reminder systems	○	○	○	○
Electronic data transfer (eg. the use of messaging software, broadband and security)	○	○	○	○
Support in accessing IM/IT Practice Incentive Payments	○	○	○	○
Other (please specify up to 5)	○	○	○	○
[+OTHER]				

Please comment on those areas in which practices have requested support that the Division has not provided

CONSUMER FOCUS

Indigenous Consumers

Which formal mechanisms did your Division use for involving Indigenous health organisations or Indigenous consumers in your Division in 2010-11?

! Note: All resulting sub-questions must also be completed

☐	Joint programs with ACCHOs, including Aboriginal Medical Services
☐	Joint programs with other Indigenous health organisations
☐	ACCHOs representation on Division management or decision making bodies
☐	Other Indigenous health body representation on Division management or decision making bodies
☐	Aboriginal or Torres Strait Islander Liaison Officer
☐	Aboriginal or Torres Strait Islander advisory/reference group
☐	Other (please specify up to 5):
[+OTHER]	
☐	**No formal mechanisms for Indigenous involvement**

Explanatory text

Please indicate why there were no formal mechanisms for Indigenous involvement of consumers in your Division in 2011-12?

Aged Care

How was your Division involved in conducting any activities or programs to improve GP care of the aged in 2011-12?

☐	Alternative to hospital admission
☐	Medication Review – QUM
☐	Improved after hours care within patient's usual residential setting
☐	Provided support for GPs visiting patients in RACFs
☐	Improving quality of patient records
☐	Dementia care
☐	Falls/injury prevention
☐	Care planning
☐	Health care assessments
☐	Case conferencing
☐	Conducted CPD activities about care needs for RACF patients
☐	Advocacy for the health needs of older patients
☐	Other (please specify up to 5)
[+OTHER]	
☐	**No programs or activities**

Consumer focus

What formal mechanisms did your Division use for *involving* consumers in your Division in 2011-12?

! Note: expecting at least one selection

☐	Consumer representation on Division Board of Directors
☐	Consumer representation on Division committees
☐	Consumer Liaison Officer
☐	Staff members are responsible for consumer engagement as part of their role
☐	Consumer/advisory reference group to Division
☐	Program reference or advisory group(s)
☐	Consumer adviser
☐	Other (please specify)
☐	**No formal mechanisms to involve consumers**

Involvement

Which of the following Division activities involved consumers or community members in 2011-12?

Details of each will be required in sub-questions.

! Note: All resulting sub-questions must also be completed.

☐	Needs assessment
☐	Strategic planning
☐	Evaluation of programs
☐	None of the above activities were conducted in 2010-11
☐	**No consumer or community involvement in these activities**

For each selected category, the following sub-questions apply:

Needs assessment

Where were your consumers/community members drawn from for the Division activity '*Needs assessment*' in 2011-12?

! Note: expecting at least one selection

☐	Past/current Division programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

Strategic planning

Where were your consumers/community members drawn from for the Division activity '*Strategic planning*' in 2011-12?

! Note: expecting at least one selection

☐	Past/current Division Programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

Evaluation of programs

Where were your consumers/community members drawn from for the Division activity '*Evaluation of programs*' in 2011-12?

! Note: expecting at least one selection

☐	Past/current Division Programs
☐	Consumer representatives from organised consumer groups
☐	Individual consumers
☐	Local organisations
☐	Community health centre
☐	State/Territory-wide organisations
☐	Local Government
☐	State/Territory Health Department
☐	Other (please specify up to 5)
[+OTHER]	

WORKFORCE

Practice Nurses

How many practice nurses were practising in your Division's catchment area at 30 June 2012?
If value is not known, please type 'unknown'

Estimated number of Practice Nurses	
Data source	

How many practices in your Divisions used the services of a practice nurse in general practice in 2010-11?
If value is not known, please type 'unknown'

Estimated number of practices with Practice Nurse	
Data source	

How was your Division involved in activities aimed at supporting practice nurses in general practice in 2011-12?

☐	Provision of mentoring to nurses
☐	Provision of clinical support to nurses
☐	Facilitation of networks of practice nurses
☐	Contracting nurses on behalf of practices
☐	Involving practice nurses in Division activities (eg. to assist in accreditation, IM/IT)
☐	Professional development/education/up-skilling
☐	Induction/orientation into general practice
☐	Chronic Disease Management support
☐	Enhanced Primary Care support/CDM items
☐	Other (please specify up to 5):
	[+OTHER]
☐	**No activities to support practice nurses**

WSRGP

How many members of the medical workforce in your Division receive support from the Workforce Support for Rural General Practitioners Program (WSRGP) in 2011-12?
If value not known please type 'unknown', if none please type '0'

! Note: expecting a whole number or 'unknown'

Type of medical workforce	*Number accessing WSRGP*
GPs (excluding Registrars and IMGs)	
Registrars	
Medical students	
International medical graduates (formerly OTDs)	
Other (please specify):	

Needs and wellbeing

Which activities did your Division undertake to support the workforce needs, and wellbeing, of GPs in 2011-12?
Please tick all that apply

Provision of support

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	*No*
☐	GP support	○	○
☐	Practice support	○	○
☐	Locum support	○	○
☐	Student and registrar support	○	○
☐	International medical graduate (formerly OTD) support	○	○

☐	Teaching and mentoring support	○	○
☐	Facilitating peer support activities	○	○
☐	Family support (ie. social, house, school assistance, etc)	○	○
☐	Social support (eg. hosting an event for GPs and families)	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No provision of support activities**		

GP Health

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	*No*
☐	Encouraging GPs to have their own GP	○	○
☐	Providing educational sessions on GP health	○	○
☐	Counselling and debriefing services for GPs	○	○
☐	Social or physical activity events	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No GP health activities**		

Practice Development and Education

! Note: expecting at least one selection

Tick those that apply	Program / Activity	Was funding provided from the WSRGP?	
		Yes	*No*
☐	Recruitment and/or retention	○	○
☐	GP and workforce surveys	○	○
☐	Needs analysis/ data collection	○	○
☐	Accreditation	○	○
☐	Continuing Professional Development (CPD)	○	○
☐	Education and/or training	○	○
☐	Other (please specify up to 5):	○	○
	[+OTHER]		
☐	**No practice development or education**		

RWAs

Was your Division eligible to receive services from the Rural Workforce Agency (RWA) in 2011-12?

A sub-question will appear if Yes is selected.

! Note: All resulting sub-questions must also be completed.

○	Yes
○	No

RWA Usage

How much did your Division use the Rural Workforce Agency's (RWA's) services in 2011-12?

! Note: expecting at least one selection for each option

	A great deal	Somewhat	Very little
Your Board	○	○	○
Your CEO	○	○	○
Your Staff	○	○	○

How would your Division rate your overall level of satisfaction with your RWA?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Your Board	○	○	○	○	○
Your CEO	○	○	○	○	○
Your staff	○	○	○	○	○

Please comment.

RELATIONSHIPS

SBO Services

To what extent do you think your SBO provided the following in 2011-12?

! Note: expecting at least one selection for each option

	Not at all	To some extent	To a great extent
Effective leadership at a State or Territory level	○	○	○
Representation and advocacy at a state or territory level for DGPs	○	○	○
Help in building the capacity of Divisions	○	○	○
Adequate, timely and relevant information to assist Divisions	○	○	○

SBO Satisfaction Rating

How would your Division rate their overall level of satisfaction with the services your SBO delivers?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Forums/ workshops	○	○	○	○	○
Education/ training	○	○	○	○	○
Communication	○	○	○	○	○
Other Services	○	○	○	○	○

SBO Support

Referring to the agreed roles of the SBO, please list the ways you feel your SBO could improve its support for your Division?

AGPN services

To what extent do you think the AGPN achieved the following in 2011-12?

! Note: expecting at least one selection for each option

	Not at all	To some extent	To a great extent
National leadership and governance to generate a strong and effective Divisions network	○	○	○
Links with the Australian Government and national organisations to strengthen the Australian primary care system	○	○	○

AGPN Satisfaction Rating

How would your Division rate overall satisfaction with the services the AGPN delivers?

! Note: expecting at least one selection for each option

	Very satisfied	Satisfied	Neither satisfied nor dissatisfied	Dissatisfied	Very dissatisfied
Forums/ workshops	○	○	○	○	○
Education/ training	○	○	○	○	○
Communication	○	○	○	○	○
Other Services	○	○	○	○	○

AGPN National Resource Library

Did your Division make use of the AGPN National Resource Library (formerly known as the Clearing House) in 2011-12?

! Note: expecting at least one selection

○	A great deal
○	Somewhat
○	Very little

How would you rate the usefulness of the AGPN National Resource Library?

! Note: expecting at least one selection

○	Not useful
○	Somewhat useful
○	No opinion
○	Useful
○	Very useful/worthwhile

Please comment on why you chose this rating.

AGPN Support

Referring to the agreed roles of AGPN, please list the ways you feel *AGPN* could improve its support for your Division?

GENERAL

Gen.1 Suggestions

If you would like to make any comments or suggestions, or to provide feedback on the Annual Survey of Divisions section of the report, please use the space below.

Please include ways in which current and/or additional information gathered in this survey can be of most use to Divisions.

Gen.2 Time

Approximately how much time was taken to complete this Annual Survey of Divisions section of the report?

Please respond in hours taken, or type 'unknown' if not calculated.

Estimated time taken: hours

Appendix B Chapter 3 – Division Context

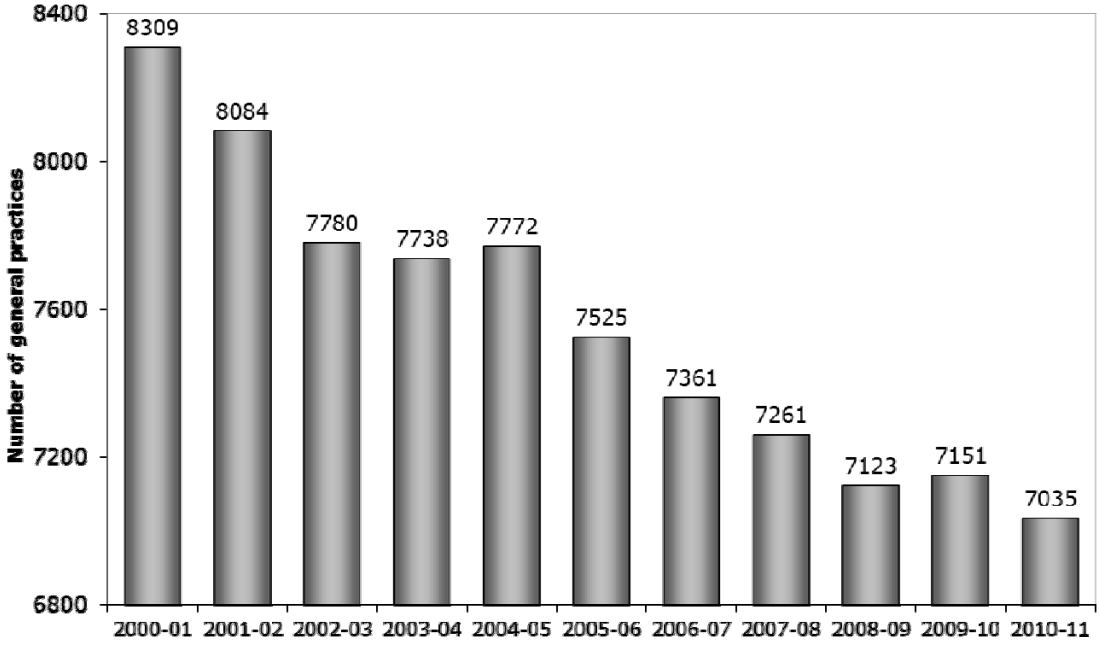


Figure 3.a Estimated number of practices in Australia, 2000-01 to 2010-11

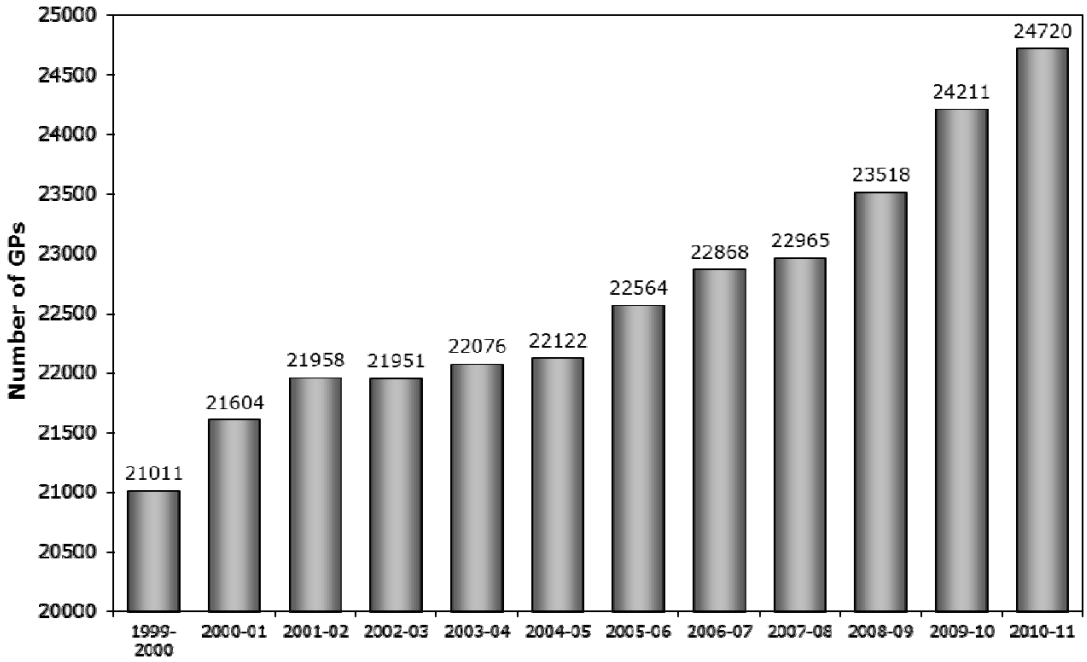
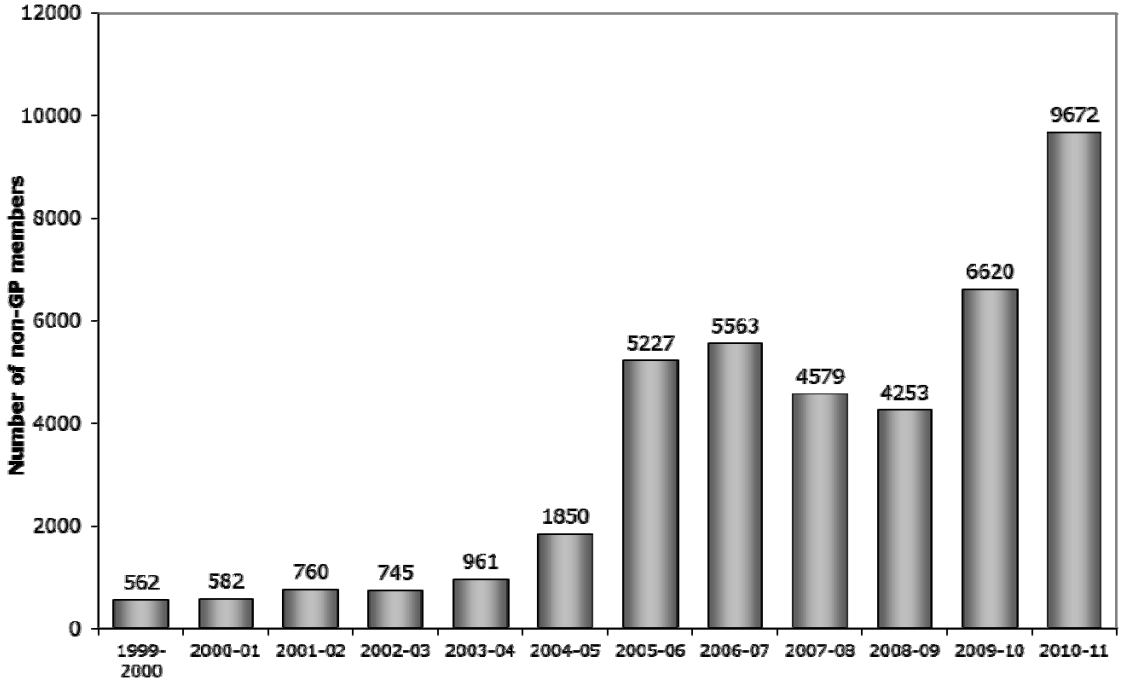
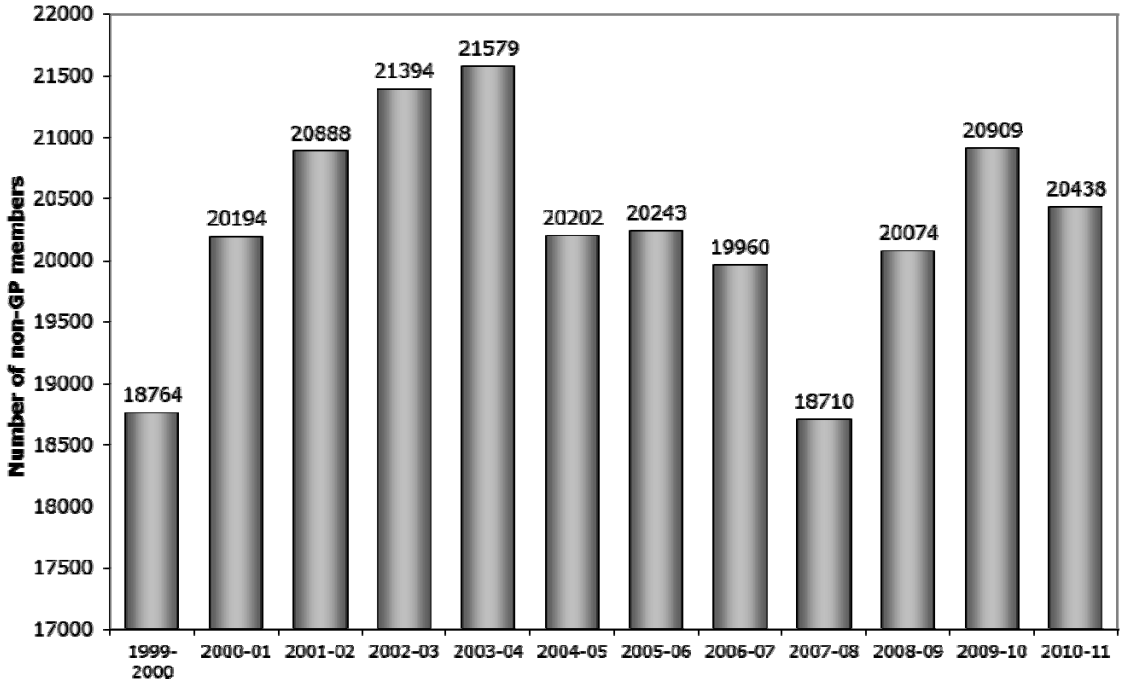


Figure 3.b Estimated number of GPs in Australia, 30 June, 1999-2000 to 2010-11



Note: in 2007-08 the number of non-GP members was not available for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*.

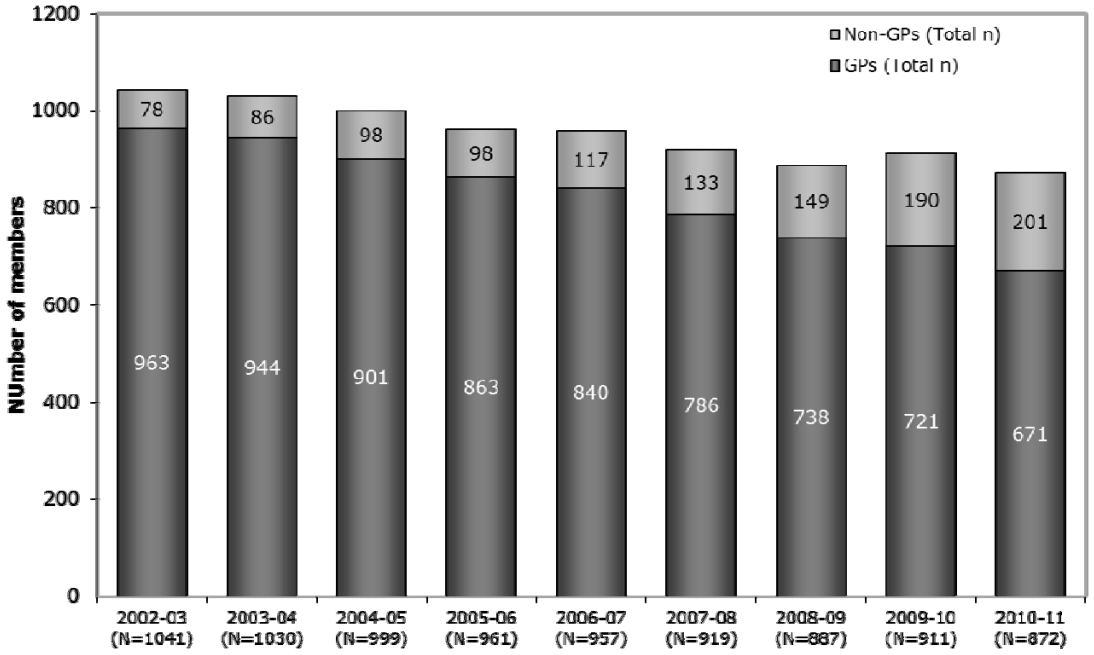
Figure 3.c Estimated number of non-GP Division members, 1999-2000 to 2010-11



Note: in 2007-08 the number of GP members was not available for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network).*

Figure 3.d Estimated number of GP Division members, 1999-2000 to 2010-2011

Appendix C Chapter 4 – Governance



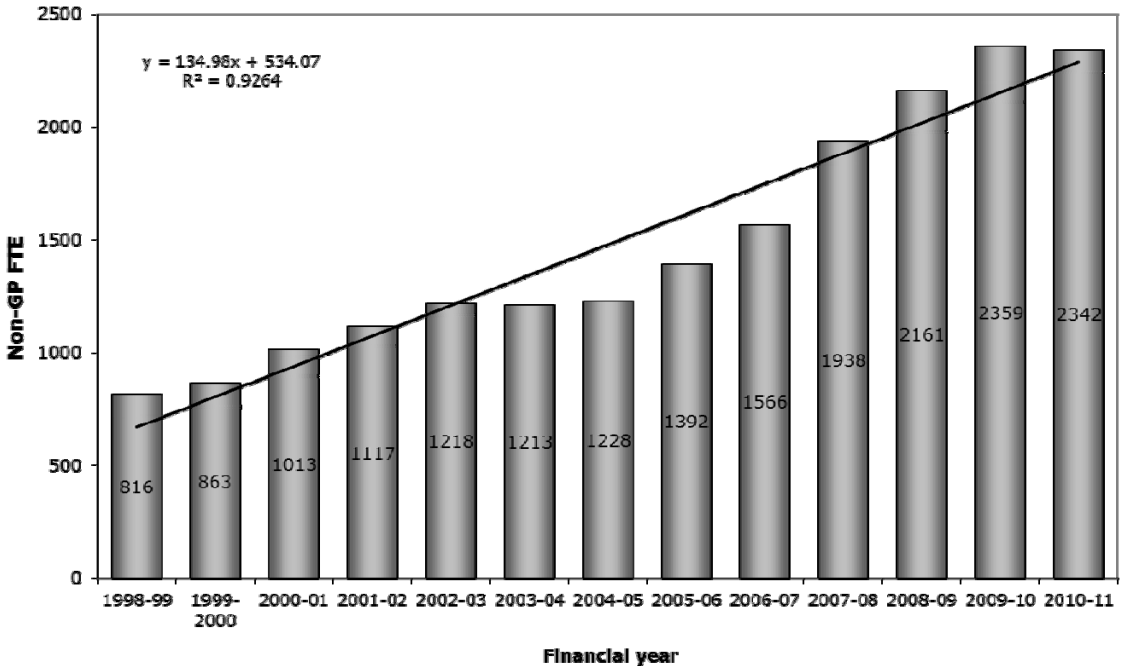
(N)=Total number of Board members for each time period. Note: includes data collected from the two dissolved NSW metro Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) in order to have a comprehensive Australian-wide picture in 2007-08.

Figure 4.a Number of GP and Non-GP members on Division Boards of Directors, 2002-03 to 2010-11

Table 4.a Number and proportion of Division Boards of Directors members, 2002-03 to 2010-11

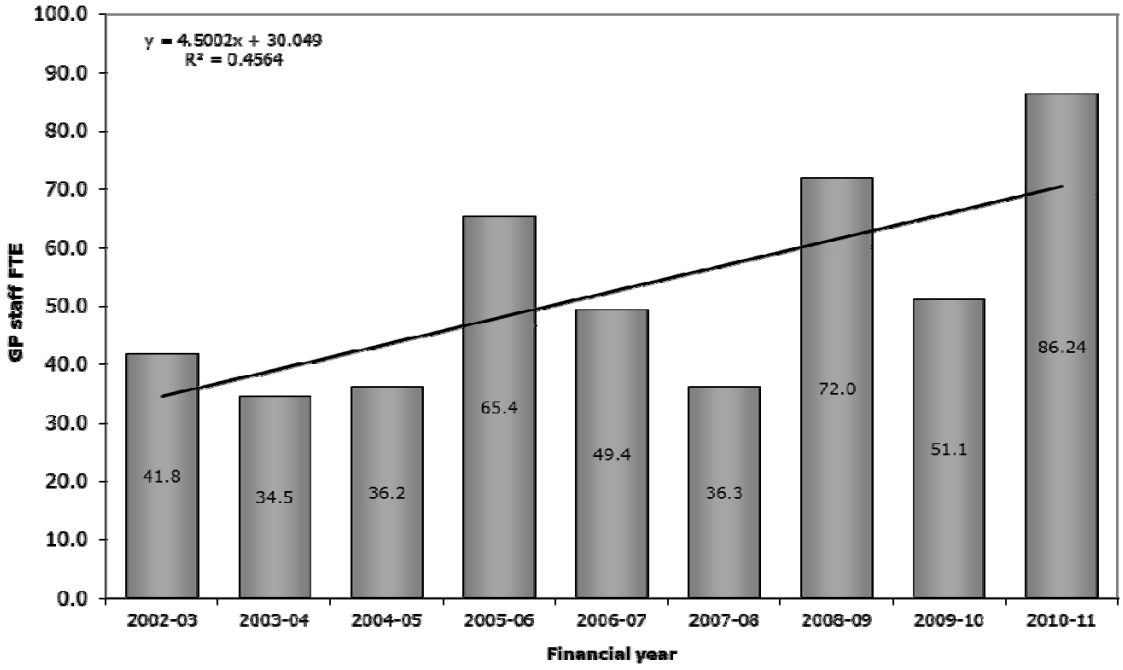
	2002-03		2003-04		2004-05	
	n	% of total members	n	% of total members	n	% of total members
Female GP	262	25	265	26	258	26
Female non-GP	36	3	39	4	44	4
All Female	298	29	304	30	302	30
GP	963	93	944	92	901	90
Non-GP	78	7	86	8	98	10
Total membership	*1041*		*1030*		*999*	
	2005-06		**2006-07**		**2007-08**	
Female GP	252	26	242	25	232	25
Female non-GP	36	4	35	4	41	4
All Female	288	30	277	29	273	30
GP	863	90	840	88	786	86
Non-GP	98	10	117	12	133	14
Total membership	*961*		*957*		*919*	
	2008-09		**2009-10**		**2010-11**	
Female GP	216	24	214	23	197	23
Female non-GP	58	7	80	9	78	9
All Female	274	31	294	32	275	32
GP	738	83	721	79	671	77
Non-GP	149	17	190	21	201	23
Total membership	*887*		*911*		*872*	

n=number members reported. Note: includes data collected from the two dissolved NSW metro Divisions (formerly Liverpool Division and Sydney South-West GP Network) in order to have a comprehensive Australian-wide picture in 2007-08.



Note: Western Sydney DGP not included in 2004-05 data. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were unavailable in 2007-08. In a linear series, the starting values are applied to the least-squares algorithm (y=mx+b) to generate the series. A trend line is most reliable when its R-squared value is at or near 1.

Figure 4.b Non-GP FTE for staff employed by Divisions, 1998-99 to 2010-11



Note: Western Sydney DGP not included in 2004-05 data. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were unavailable in 2007-08. In a linear series, the starting values are applied to the least-squares algorithm (y=mx+b) to generate the series. A trend line is most reliable when its R-squared value is at or near 1.

Figure 4.c GP FTE for staff employed by Divisions, 2002-03 to 2010-11

Table 4.b Source and amount of additional funding received by Divisions, 2006-07 to 2010-11

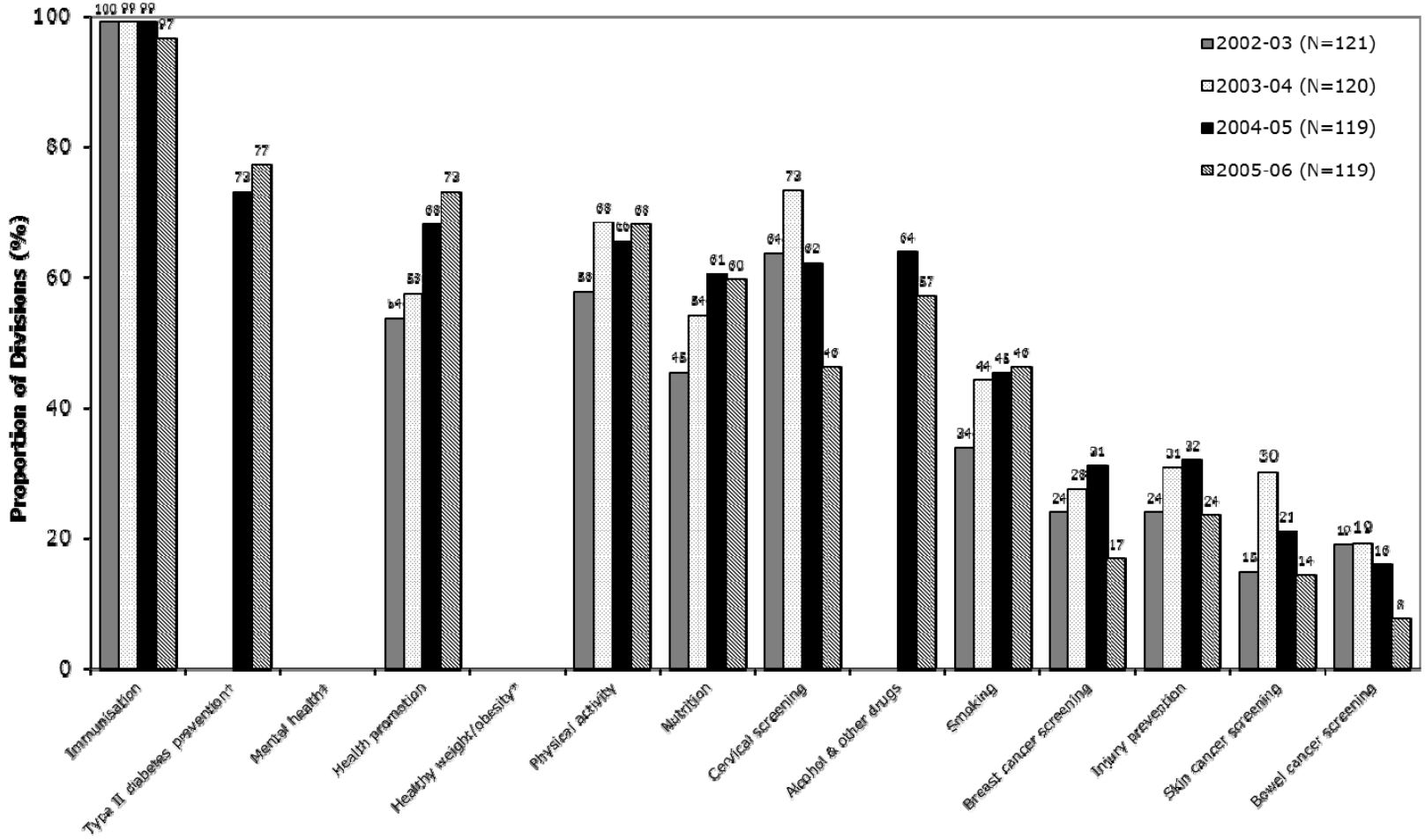
	2006-07 (N=119)		2007-08 (N=115)		2008-09 (N=113)		2009-10 (N=112)		2010-2011 (N=111)	
	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)	% of Division	Total (Maximum)
DoHA (excluding Divisions of General Practice Program funding)*	95	61 225 548 (8 270 564)	94	88 443 904 (7 634 987)	95	106 264 560 (10 430 920)	96	116 931 539 (11 906 758)	92	122 375 555 (13 208 938)
Other Australian Government*	29	6 159 726 (884 584)	35	12 554 687 (2 701 067)	42	18 847 963 (3 639 493)	39	12 109 185 (988 994)	41	16 649 501 (2 661 757)
State/ Territory government	76	20 848 292 (1 913 663)	76	31 071 206 (2 659 722)	70	33 530 897 (2 851 316)	77	33 504 546 (2 276 932)	77	46 345 654 (4 368 859)
Other source	61	9 814 153 (1 639 973)	60	13 660 572 (2 974 646)	11	24 120 442 (2 153 777)	70	19 049 711 (2 192 704)	63	19 094 507 (1 752 960)
Non-profit organisation	53	4 825 285 (316 500)	65	10 505 728 (882 580)	75	16 055 485 (1 310 209)	74	15 673 591 (1 276 831)	71	27 502 190 (7 205 113)
National Prescribing Service	99	7 339 725 (176 890)	97	6 627 528 (261 471)	97	6 089 858 (187 663)	96	7 576 366 (216 378)	96	7 357 456 (207 000)
Other commercial source	47	4 390 265 (521 440)	47	6 116 975 (1 441 120)	54	8 273 600 (1 504 853)	56	9 287 291 (1 504 563)	50	8 827 692 (1 693 131)
Pharmacy Guild^	88	3 544 981 (85 021)	89	3 981 414 (102 201)	89	4 169 755 (107 111)	91	4 351 656 (124 915)	-	-
AGPN†	63	2 506 167 (273 319)	59	2 746 613 (282 382)	92	6 958 797 (300 552)	95	10 075 695 (482 052)	78	9 052 820 (514 054)
Pharmaceutical company	73	1 610 980 (79 171)	62	1 328 642 (121 646)	59	1 102 459 (58 840)	59	1 082 999 (50 000)	48	762 622 (46 675)
Local Government	11	1 149 169 (781 065)	14	1 028 478 (792 474)	15	977 402 (809 609)	13	1 329 403 (1 054 559)	16	1 634 353 (947 872)

*Due to changes in Division funding, the response options for this question were changed in 2005-06; data collected in previous years are not directly comparable and therefore are not included. Data for the two NSW dissolved Divisions (formerly *Liverpool Division* and *Sydney South-West GP Network*) were not available in 2007-08. Totals do not include responses of two Divisions who reported some data as 'unknown' in 2010-11.

^No reported Pharmacy Guild funding in 2010-11.

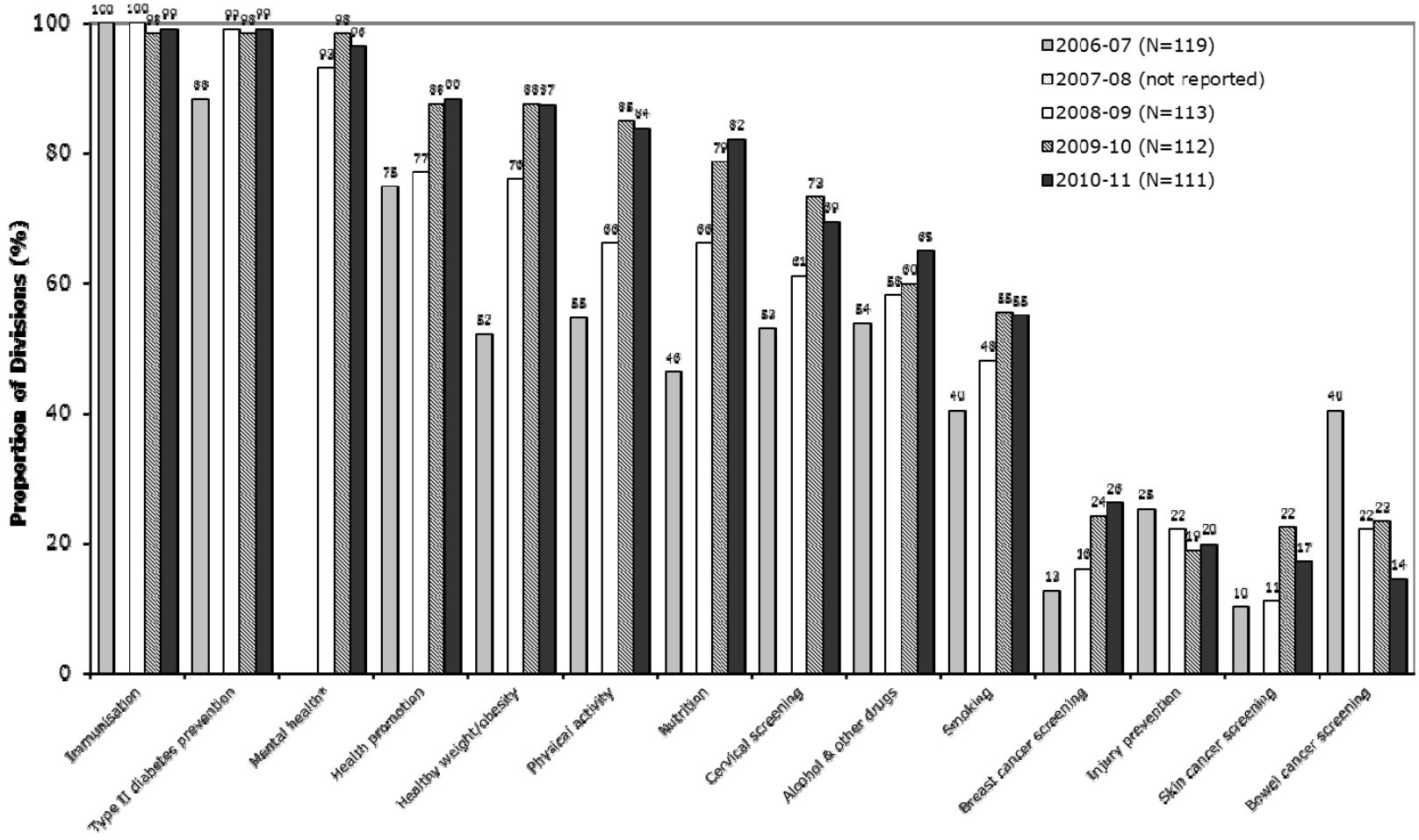
†Prior to the November 2012 Annual General Meeting the previous Board of AGPN had proposed that the organisation consider winding up as a result of the formation of the new Australian Medicare Local Alliance which has been established in Canberra. The proposal to wind up was not supported by the required number of Members. There was a strong call at the Annual General Meeting for AGPN to continue, albeit in a refocused form. For more information, go to http://www.agpn.com.au/ .

Appendix D Chapter 5 – Prevention and early intervention



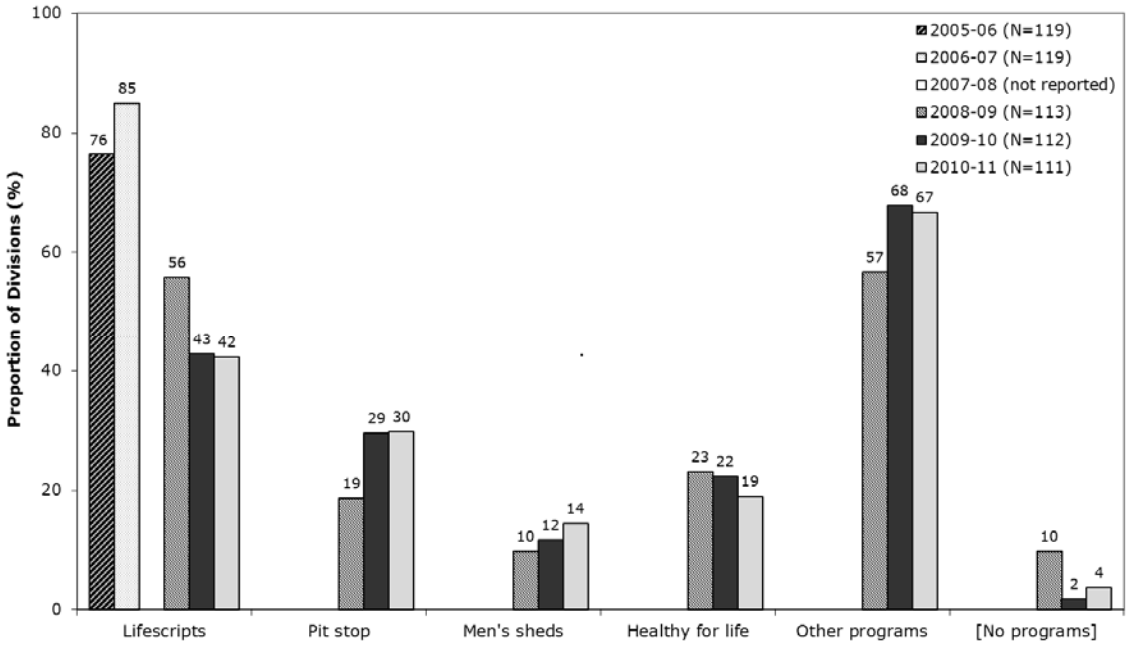
Note: †Type II diabetes prevention activities were not required to be reported until 2004-05 therefore no data until this period. ‡Mental health activity was newly reported in 2008-09. *Health weight/obesity was reported from 2006-07. (See Figure ## following.)

Figure 5.a.i Proportion of Divisions reporting prevention and early intervention activities, 2002-03 to 2005-06



Note: Prevention and early intervention programs or activities were not required to be reported in 2007-08 therefore no data for this period. *Mental health activity was newly reported in 2008-09.

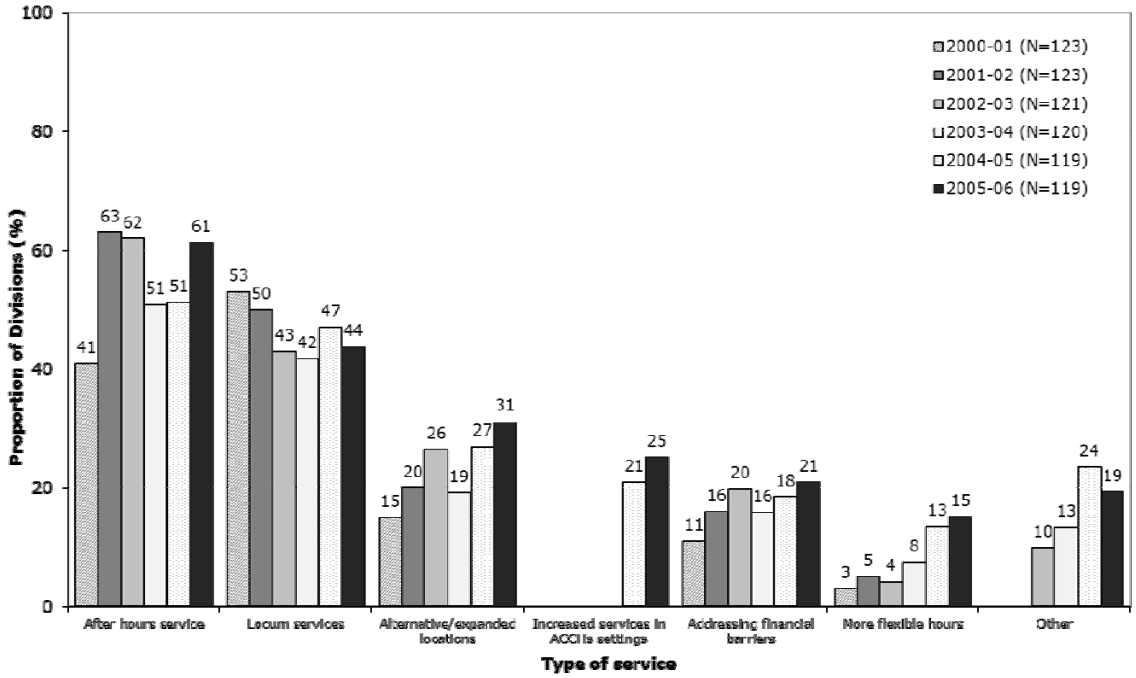
Figure 5.a.ii Proportion of Divisions reporting prevention and early intervention activities, 2006-07 to 2010-11



Note: Lifescripts was first reported as an activity in 2005-06 and 2006-07; Divisions did not report on specific programs in 2007 08, therefore no data were recorded for that reporting period; and 'other programs' was added in 2008 09.

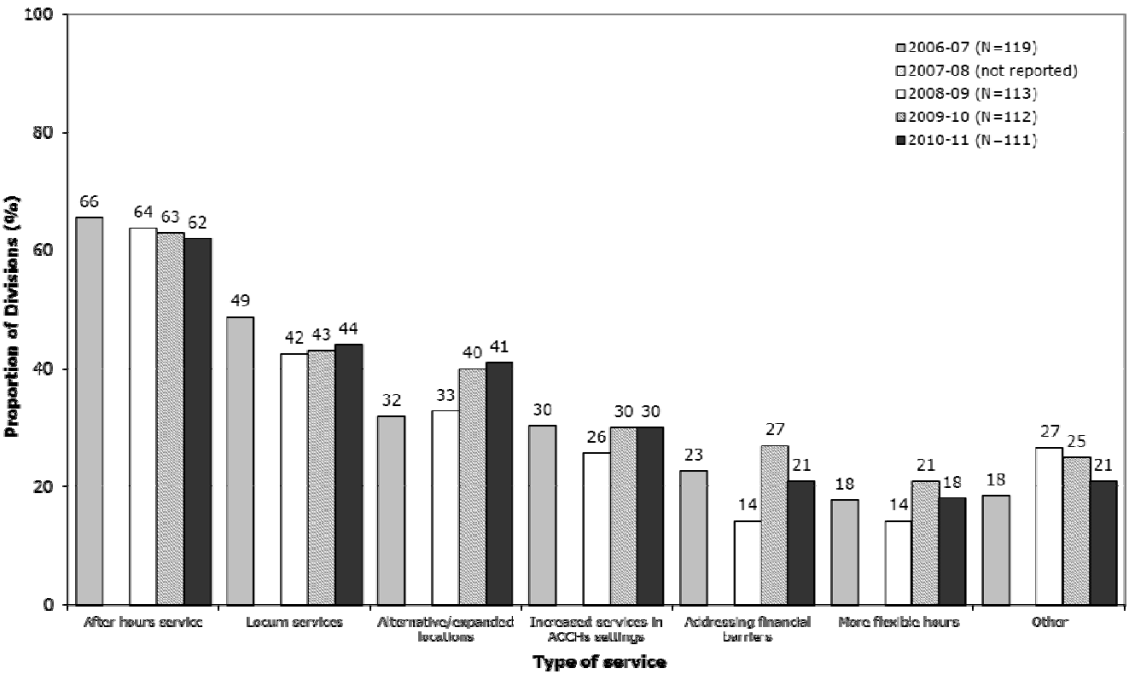
Figure 5.b Proportion of Divisions with prevention and early intervention programs, 2005-06 to 2010-11

Appendix E Chapter 6 – Access



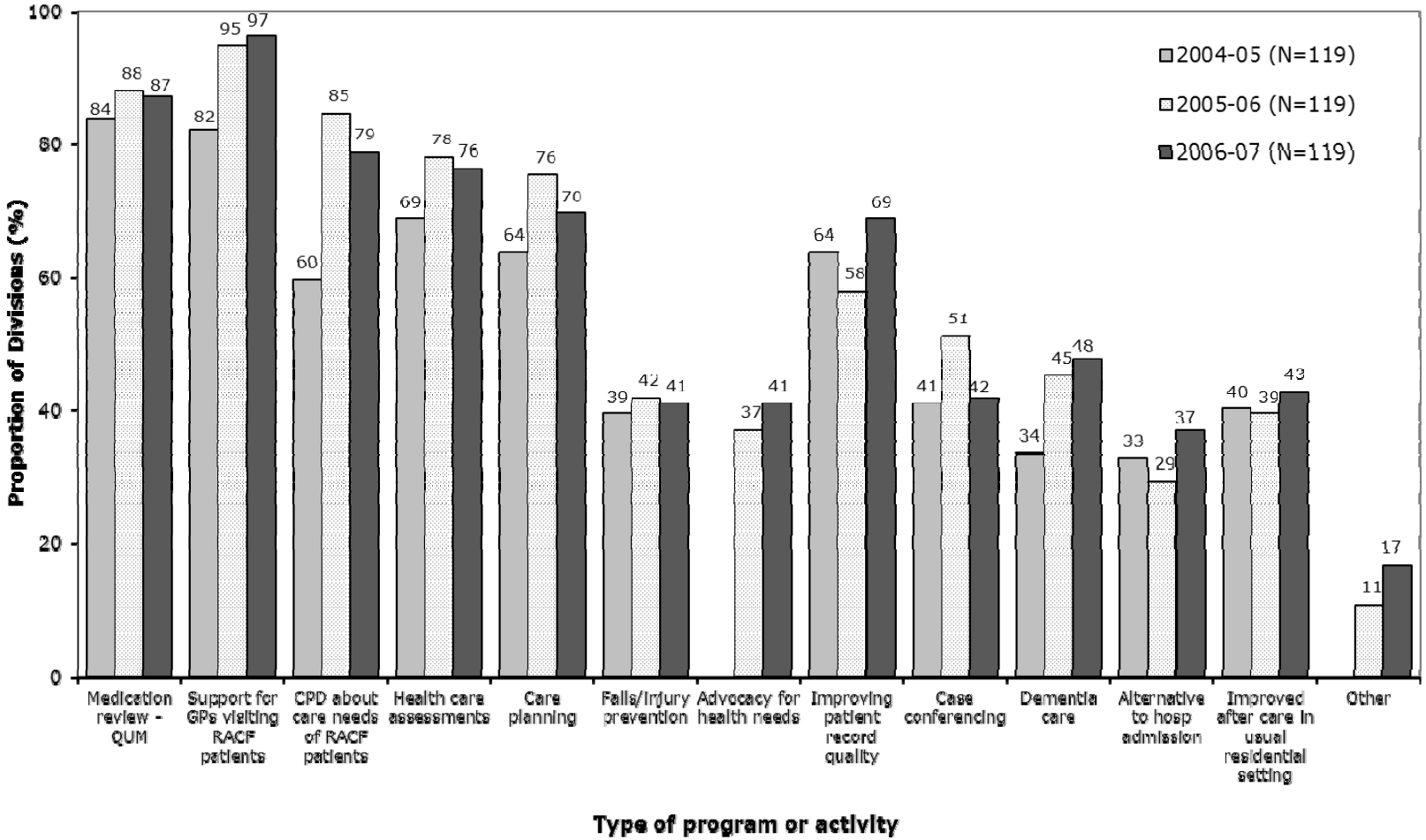
Note: Questions regarding increased services in the ACCHs settings were not requested for reporting until 2004-05, therefore only data available from that period onward.

Figure 6.a.i Involvement of Divisions in activities aimed at improving access to GP services, 2000-01 to 2005-06



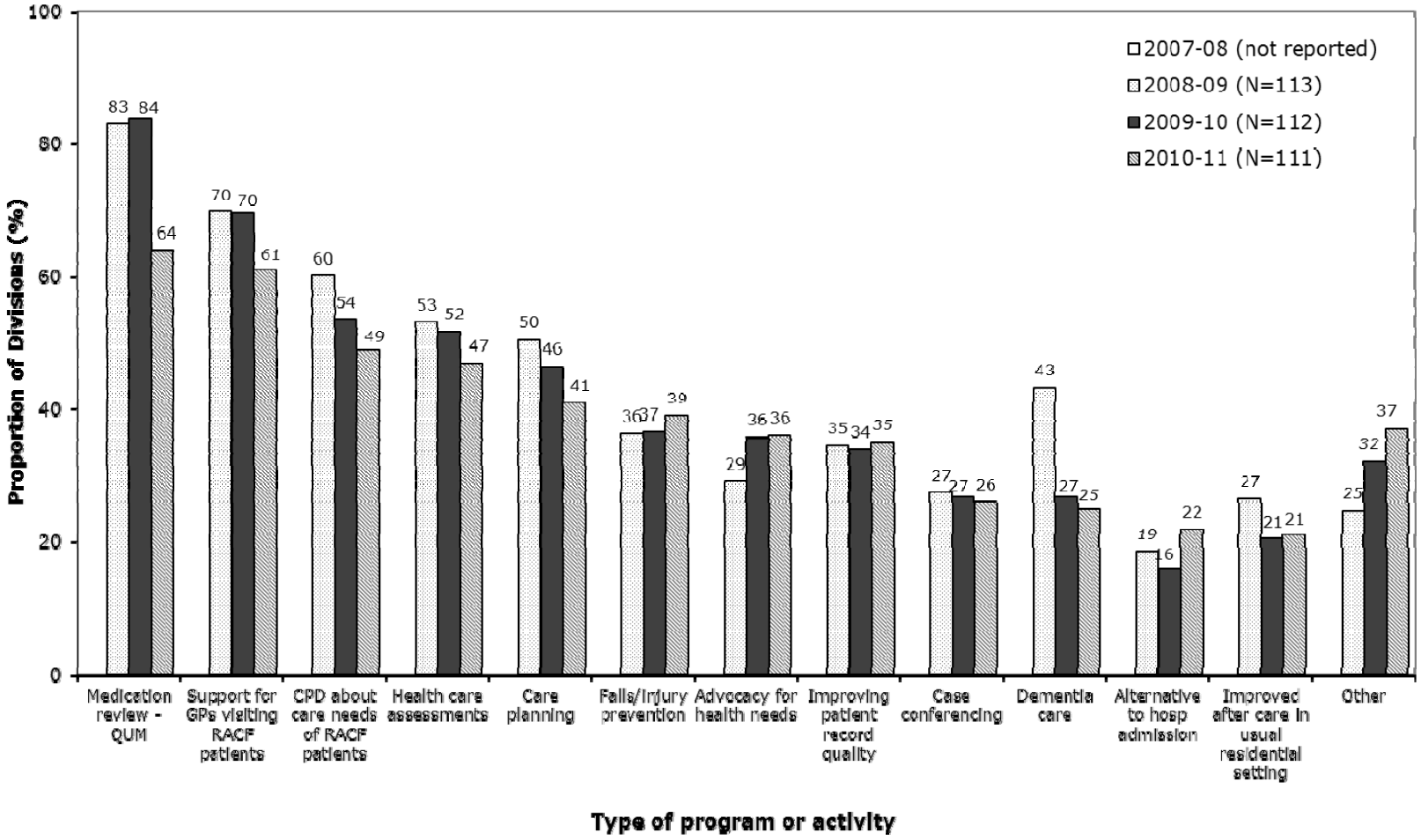
Note: Questions regarding access to GP services were not requested for reporting in 2007-08, therefore no data were available for that period.

Figure 6.a.ii Involvement of Divisions in activities aimed at improving access to GP services, 2006-07 to 2010-11



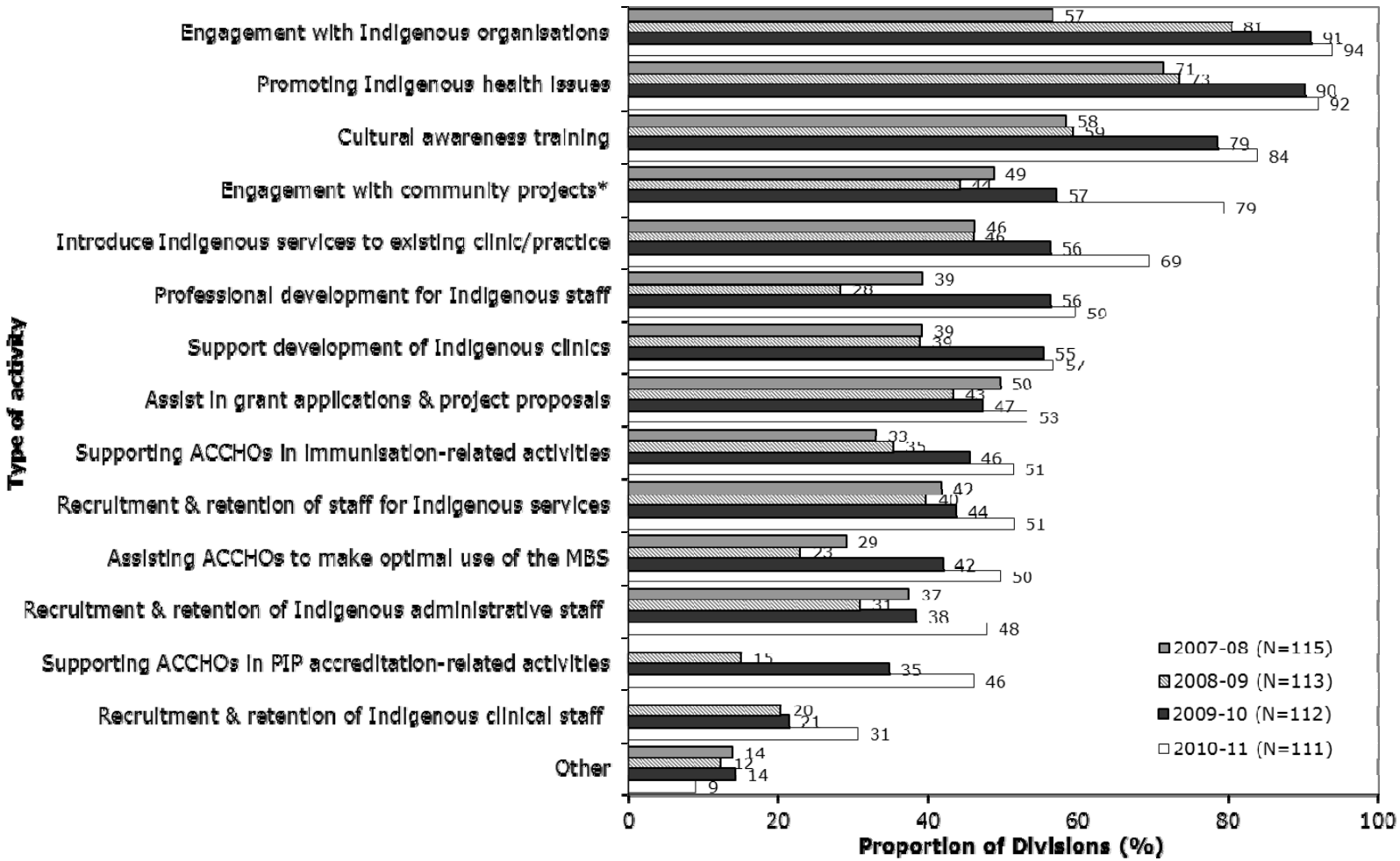
Note: the Aged Care GP Panels Initiative was conducted from 2004-05 to 2006-07.

Figure 6.b.i Proportion of Divisions conducting programs or activities to improve GP care of the aged 2004-05 to 2006-07



Note: Questions regarding access to aged care were not requested for reporting in 2007-08 and therefore no data were available for that period.

Figure 6.b.ii Proportion of Divisions conducting programs or activities to improve GP care of the aged 2007-08 to 2010-11



Note: In 2008-09 the wording of this question changed from 'improving access to Aboriginal and Torres Strait Islander major health services' to 'improving access to primary health care services for Aboriginal and Torres Strait Islander patients'; and in 2008-09, item wording 'Engagement with community projects' was called 'Participation in community projects'; therefore interpretation of the data requires consideration.

Figure 6.c Proportion of Divisions conducting programs to improve access to ATSI major health services, 2007-08 to 2010-11

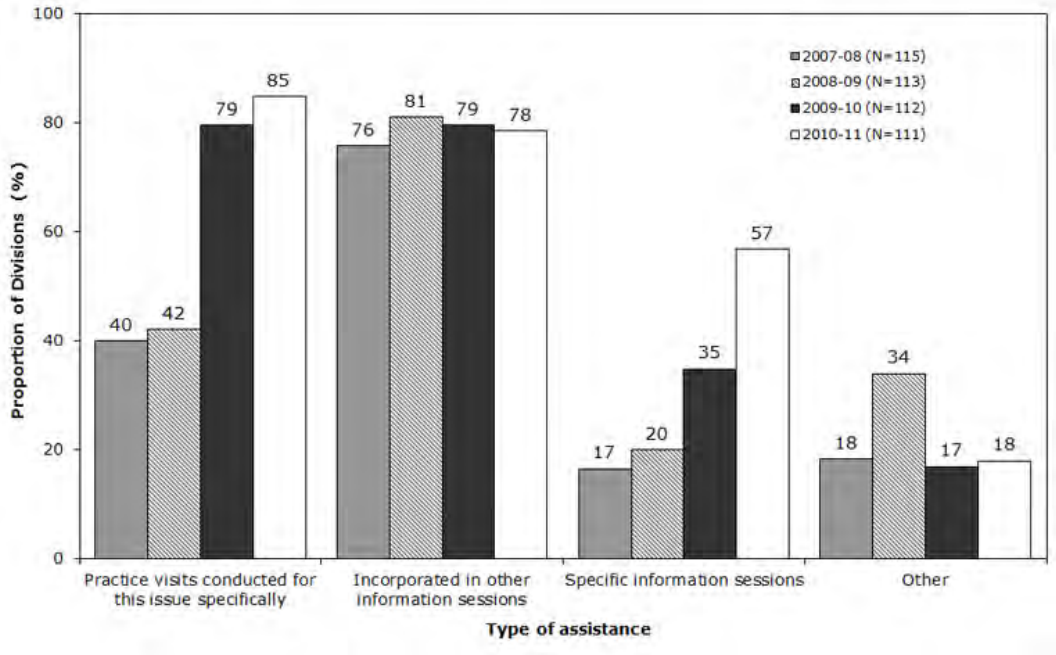


Figure 6.d Proportion of Divisions providing assistance to GPs to accurately record the Indigenous status of all patients, 2007-08 to 2010-11

Appendix F Chapter 7 – Collaboration and Integration

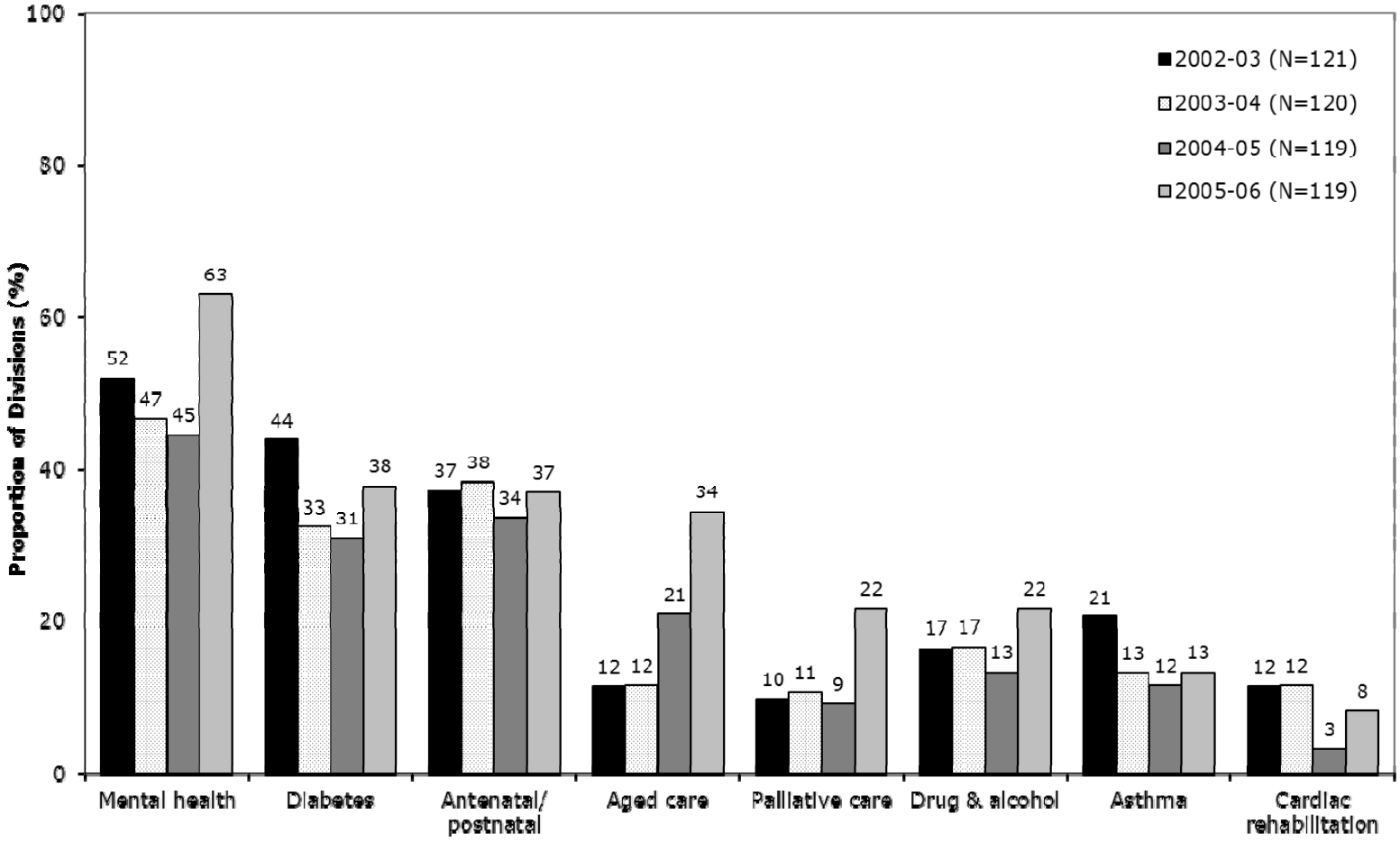


Figure 7.a.i Proportion of Divisions involved in conducting structured shared care programs, 2002-03 to 2005-06

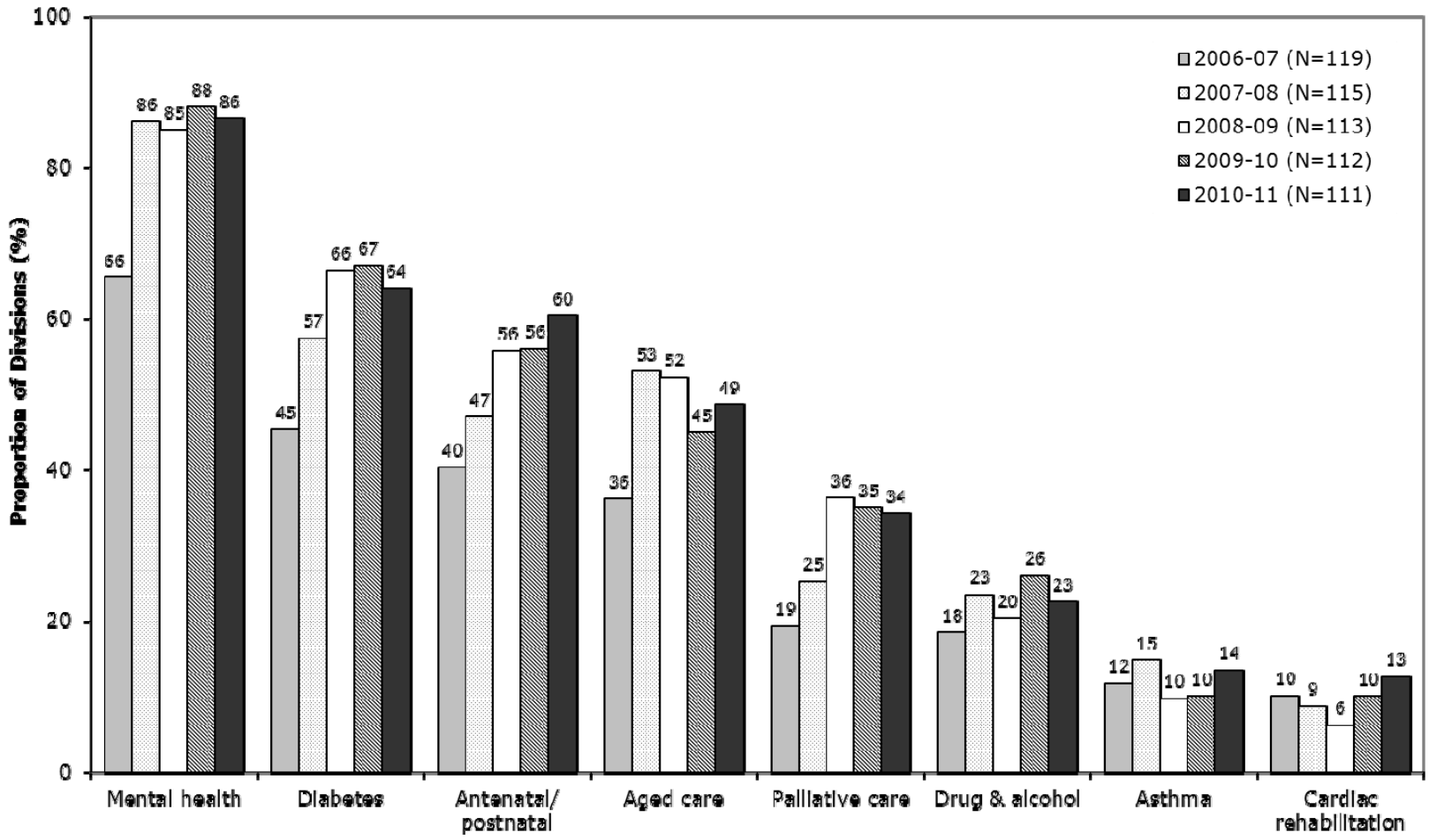
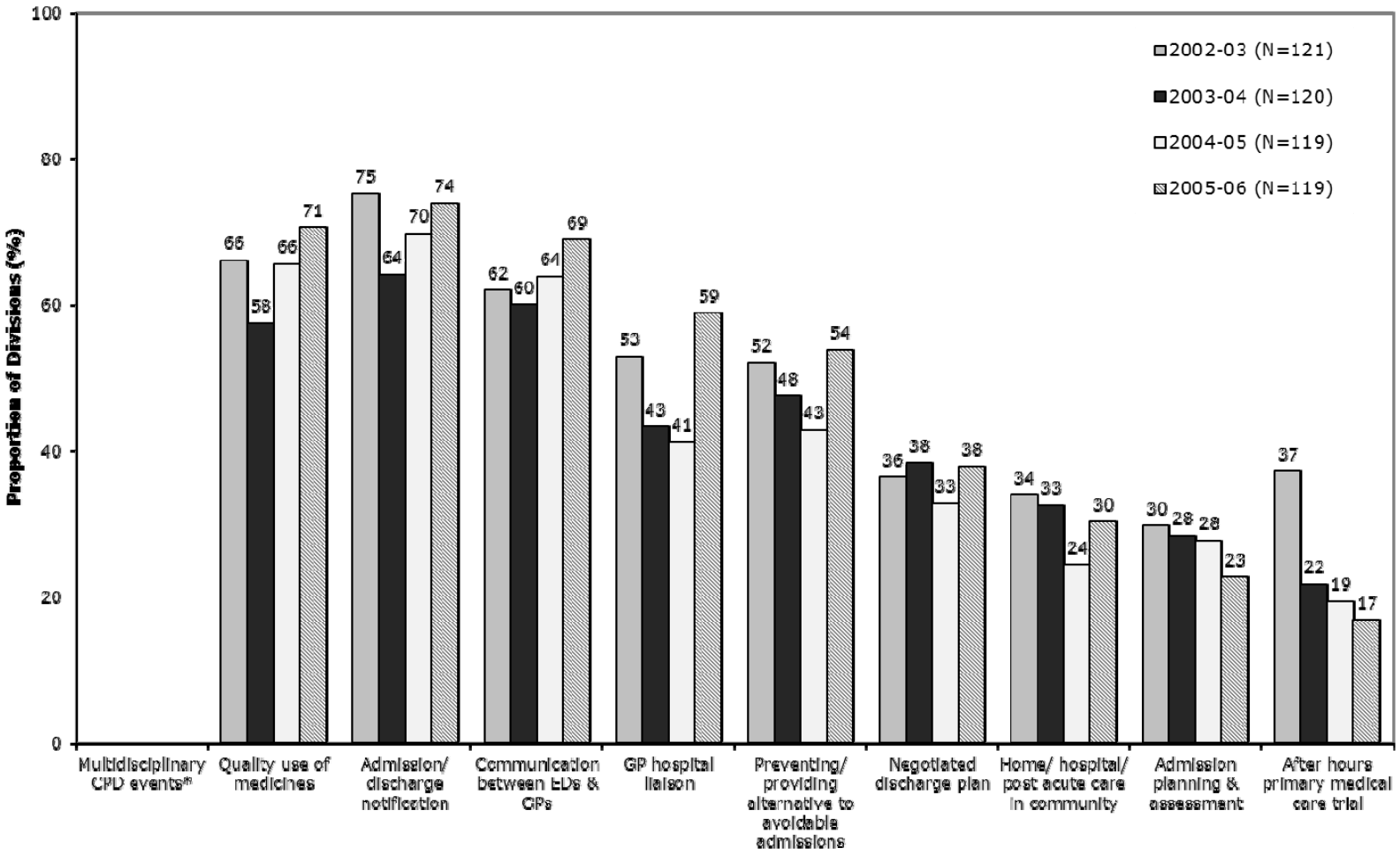
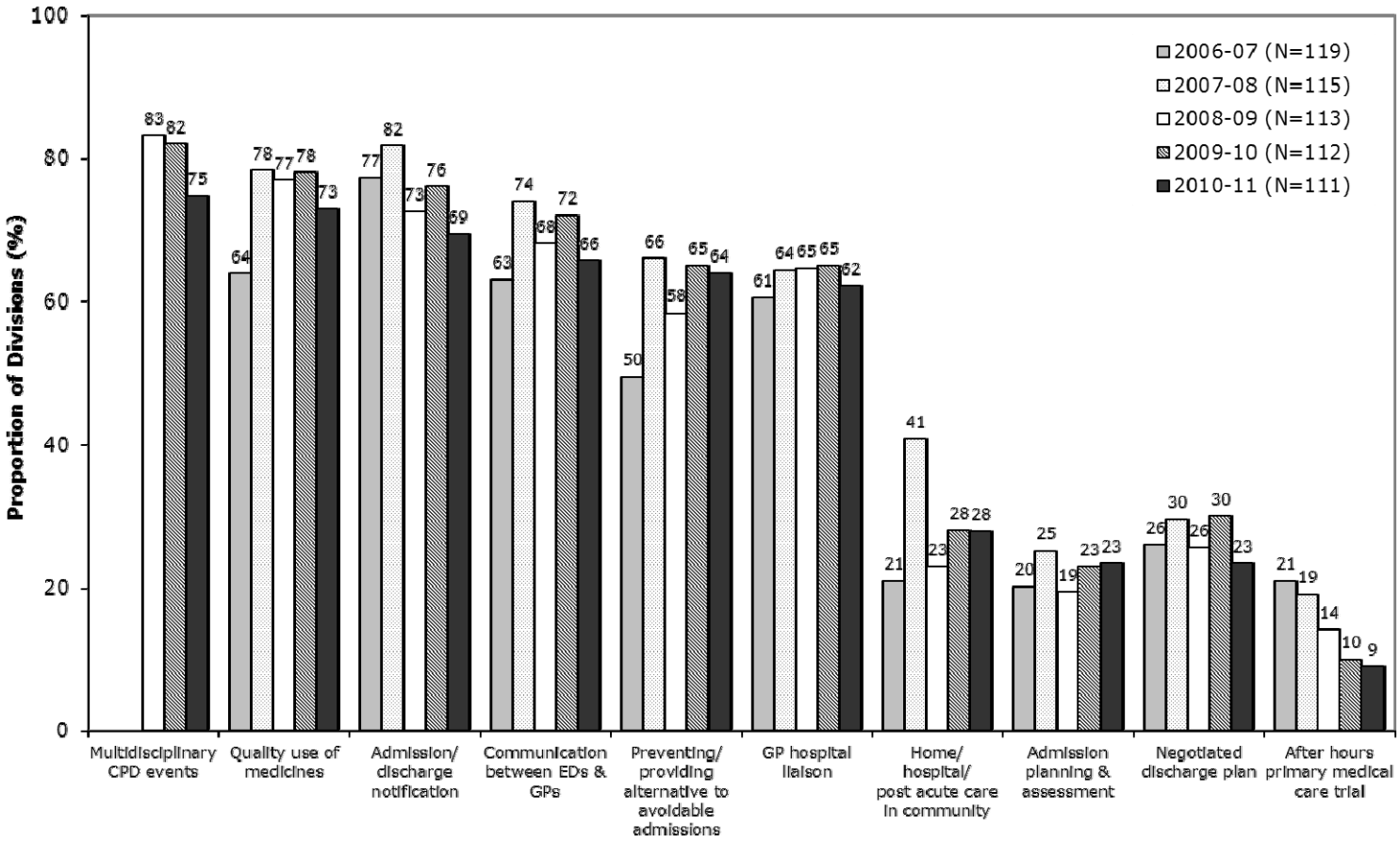


Figure 7.a.ii Proportion of Divisions involved in conducting structured shared care programs, 2006-07 to 2010-11



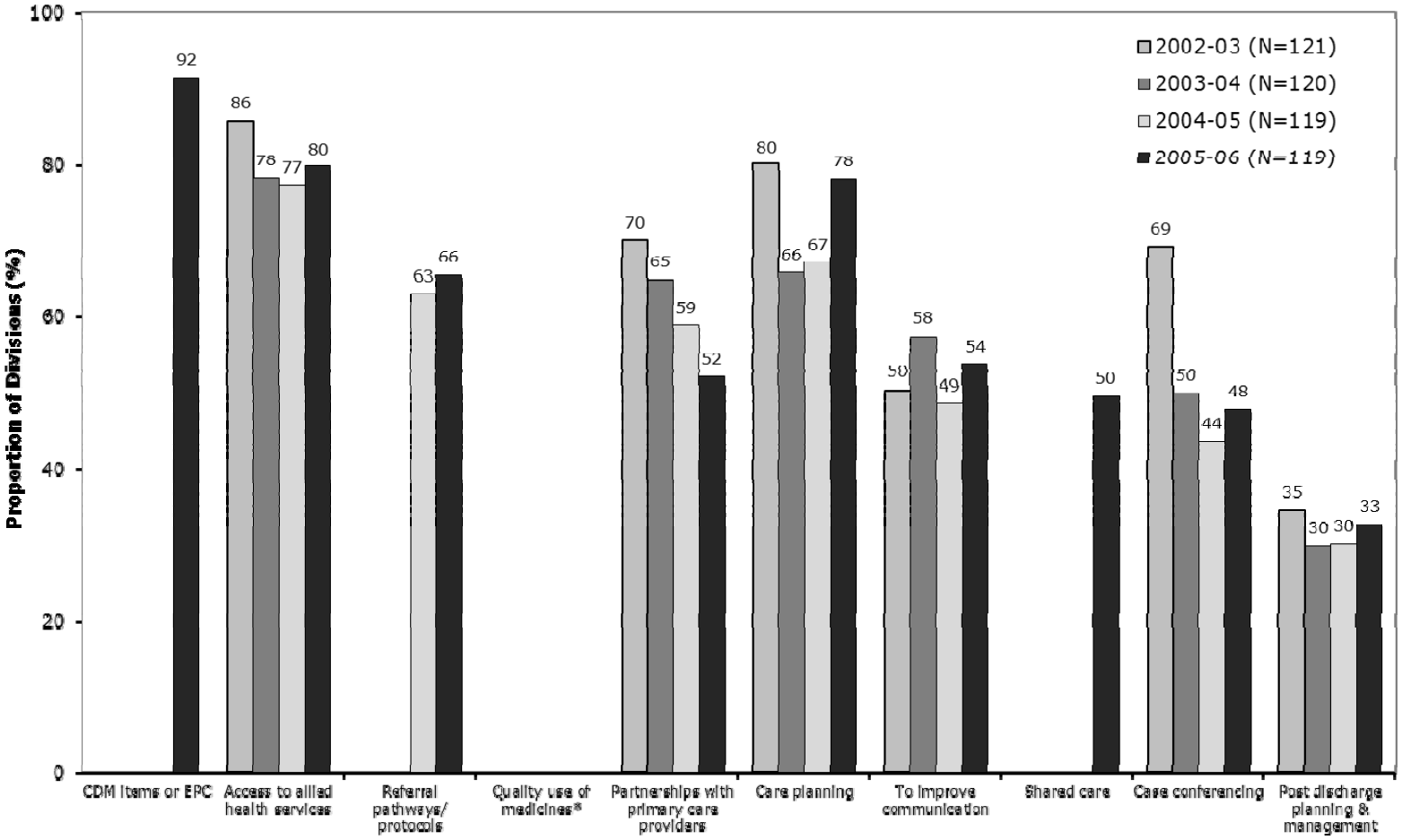
*Note: Multidisciplinary CPD events was a newly reported program/activity in 2008-09.

Figure 7.b.i Proportion of Divisions with programs or activities aimed at improving GP collaboration with hospitals and/or specialists, 2002-03 to 2005-06



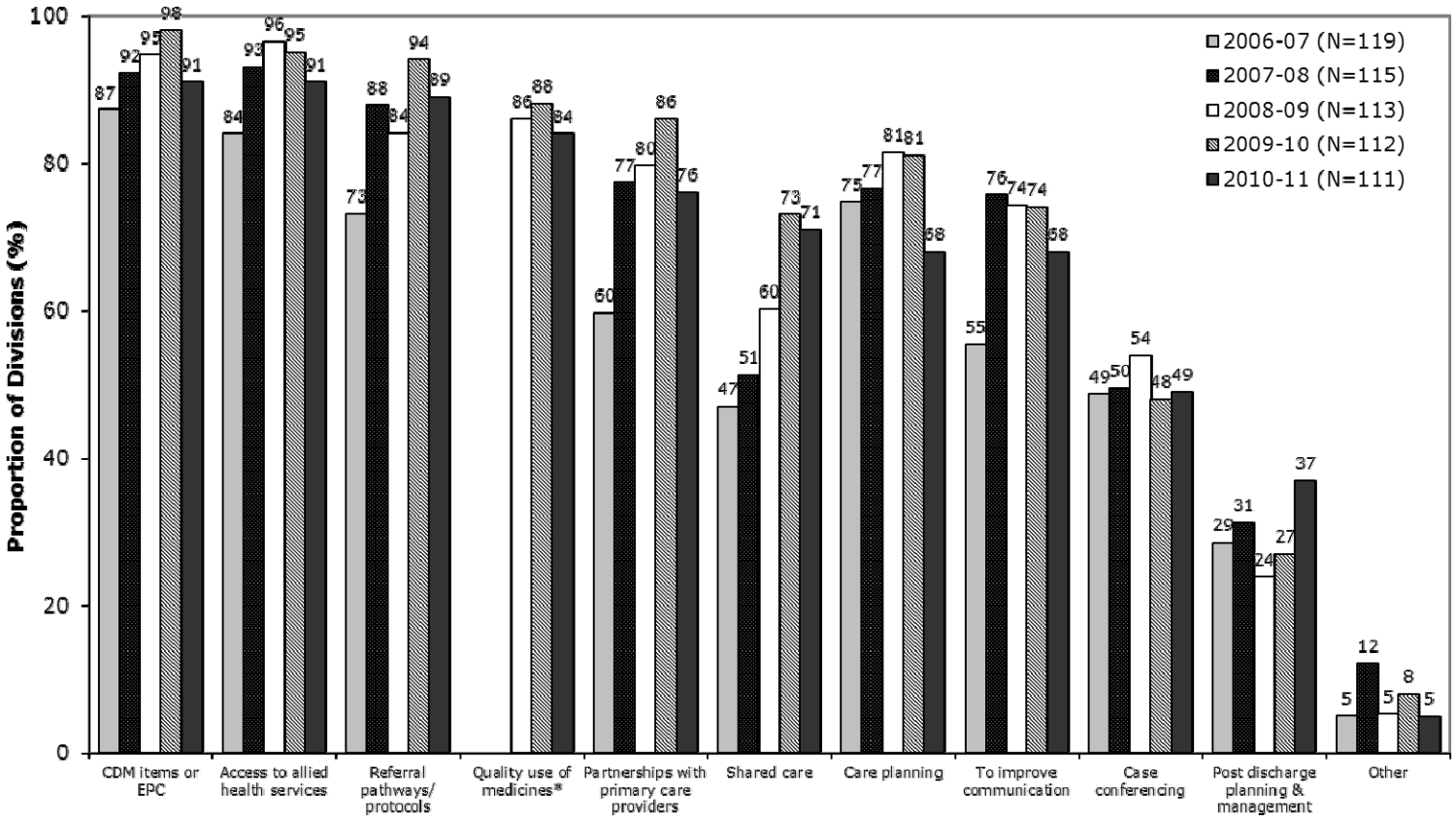
Note: Multidisciplinary CPD events was a newly reported program/activity in 2008-09.

Figure 7.b.ii Proportion of Divisions with programs or activities aimed at improving GP collaboration with hospitals and/or specialists, 2006-07 to 2010-11



*Note: quality use of medicines was introduced to reporting in 2008-09. Programs or activities addressing chronic disease management (CDM) items or enhanced primary care (EPC), and shared care were not included prior to 2005-06. Referral pathways/protocols were not included before 2004-05.

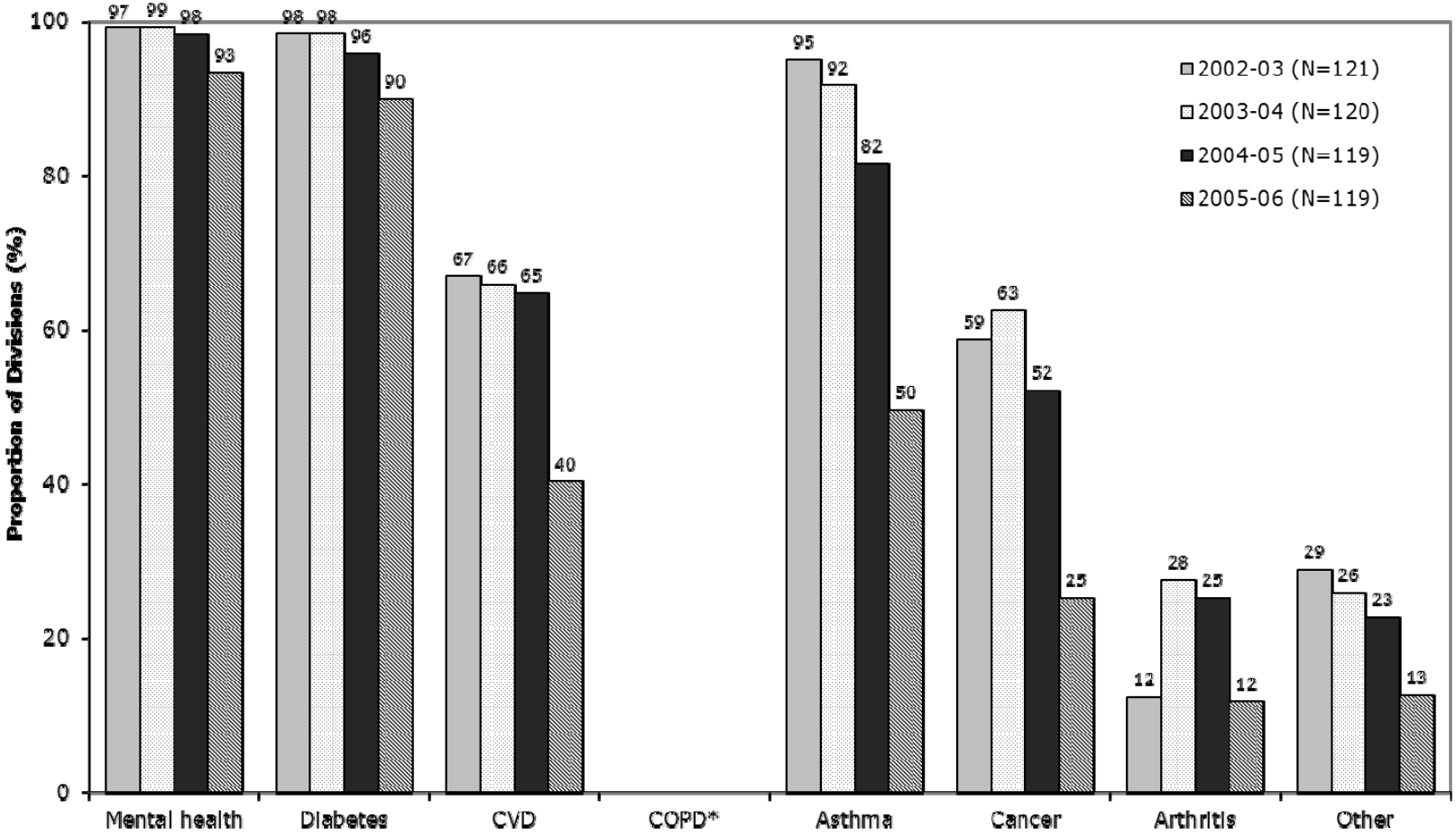
Figure 7.c.i Proportion of Divisions involved in conducting programs or activities to improve GP collaboration with other primary care providers, 2002-03 to 2005-06



*Note: quality use of medicines was introduced to reporting in 2008-09. Programs or activities addressing chronic disease management (CDM) items or enhanced primary care (EPC), and shared care were not included prior to 2005-06. Referral pathways/protocols were not included before 2004-05.

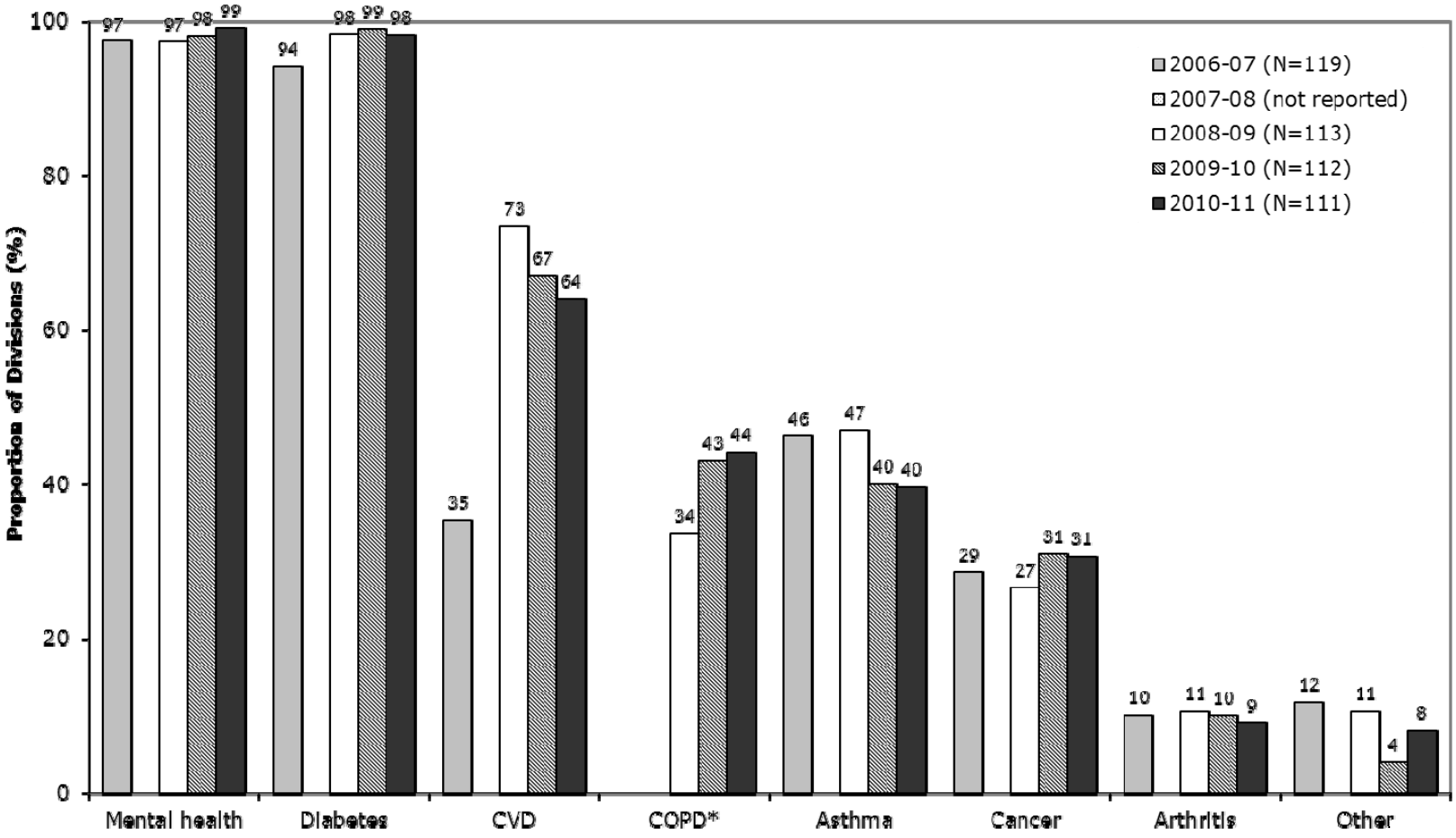
Figure 7.c.ii Proportion of Divisions involved in conducting programs or activities to improve GP collaboration with other primary care providers, 2006-07 to 2010-11

Appendix G Chapter 8 – Chronic disease management



Note: questions regarding chronic disease management (CDM) were not requested for reporting in 2007-08 and therefore no data available for that period. *COPD was newly reported in the 2008-09 ASD, previously recorded as 'other'.

Figure 8.a.i: Proportion of Divisions with chronic disease focused programs or activities, 2002-03 to 2005-06



Note: questions regarding chronic disease management (CDM) were not requested for reporting in 2007-08 and therefore no data available for that period. *COPD was newly reported in the 2008-09 ASD, previously recorded as 'other'.

Figure 8.a.ii Proportion of Divisions with chronic disease focused programs or activities, 2006-07 to 2010-11

Appendix H Chapter 9 – General Practice Support

Table 9.a Type of practice support provided, proportion of Divisions, and number of practices receiving support, 2004-05 to 2010-11†

Type of support	2004-05 (N=119)		2005-06 (N=119)		2006-07 (N=119)		2008-09 (N=113)		2009-10 (N=112)		2010-11 (N=111)	
	% of Divs	No. of Practices	% of Divs	No. of Practices	% of Divs	No. of Practices	% of Divs	No. of Practices	% of Divs	No. of Practices	% of Divs	No. of Practices
Development/ distribution of resources	87	5 919	91	6 363	96	7 186	97	6 542	98	6 822	98	7 896
Up-skilling practice staff	94	4 378	91	4 285	95	5 138	99	6 291	100	6 262	99	5 694
Providing information about local services	77	4 378	82	5 325	87	5 414	90	5 857	94	6 159	94	6 522
IM/IT	84	3 437	84	3 301	86	3 680	96	4 453	97	4 840	95	4 611
Practice staff networks	87	4 100	88	3 450	92	4 010	95	4 286	96	5 160	93	5 259
Developing practice systems	-	-	67	2 229	66	2 563	88	4 018	91	4 562	87	3 843
Support for accreditation	51	888	62	1 177	58	1 429	92	3 094	91	3 394	92	3 516
Implementation of new clinical procedures	38	1 836	45	2 521	55	2 223	66	3 007	64	2 992	59	2 971
Business management advice & support	55	1 771	66	1 709	66	1 888	75	2 933	80	3 265	70	2 951
Developing practice teamwork	-	-	61	1 568	63	1 773	74	2 655	82	3 666	81	3 259
Introduction/employment of Practice Nurses	75	1 858	86	2 467	92	2 528	89	2 544	93	3 486	88	3 294
Cultural sensitivity training	-	-	16	349	24	299	34	922	44	656	74	2 422
Locum use	38	711	48	816	41	688	49	723	46	973	48	1 092
Clinical attachments	28	519	33	675	24	265	27	339	40	752	25	339
Practice amalgamation	9	24	8	26	15	159	17	129	22	445	22	426
Other	22	1 427	10	833	5	315	15	875	15	1 695	14	1 031

%=proportion of total number of Divisions (N)
†Questions regarding types of practice support were not requested for reporting in 2007-08 and therefore no data were available for that period.
Note: when comparing across the years, 'patient surveys for accreditation' replaced 'support for accreditation' in 2008-09. In the same year, 'cultural sensitivity training' was replaced by 'cultural awareness training'.

Table 9.b Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *training* activities, 2007-08 to 2010-11

Type of IM/IT training	2007-08 (N=115)		2008-09 (N=113)		2009-10 (N=112)		2010-11 (N=111)	
	Requested & provided		Requested & provided		Requested & provided		Requested & provided	
	n	% of Divs	n	% of Divs	n	% of Divs	n	% of Divs
Electronic data transfer	91	79%	98	87%	107	96%	105	95%
Use of disease registers and/ or recall & reminder systems	93	81%	107	95%	108	96%	104	94%
Use of Clinical Information Systems	94	82%	102	90%	100	89%	101	91%
Support in accessing IM/IT Practice Incentive Program Payments	77	67%	93	82%	92	82%	91	82%
Use of Practice Management Systems	77	67%	78	69%	81	72%	83	75%
Use of on-line health evidence databases	36	31%	51	45%	57	51%	56	50%
Basic computer literacy	43	37%	43	38%	54	48%	47	42%
Web-site development	10	9%	8	7%	6	5%	8	7%

%=proportion of total number of Divisions (N)

Table 9.c Number and proportion of Divisions receiving requests from, and providing support to, general practices for IM/IT *support* activities, 2007-08 and 2010-11

Type of IM/IT support	2007-08 (N=115)		2008-09 (N=113)		2009-10 (N=112)		2010-11 (N=111)	
	Requested & provided		Requested & provided		Requested & provided		Requested & provided	
	n	% of Divs	n	% of Divs	n	% of Divs	n	% of Divs
Electronic data transfer	95	83%	99	88%	107	96%	102	92%
Use of disease registers and/ or recall & reminder systems	93	81%	106	94%	106	95%	102	92%
Support in accessing IM/IT Practice Incentive Program Payments	76	66%	95	84%	94	84%	93	84%
Computing info & advice	65	57%	70	62%	68	61%	63	63%
Computer support & technical assistance	53	46%	65	58%	60	54%	61	61%
Developing new applications	26	23%	26	23%	21	19%	21	21%
Bulk purchases of computers/ software	19	17%	19	17%	15	13%	19	19%

%=proportion of total number of Divisions (N)

Appendix I Chapter 10 – Consumer focus

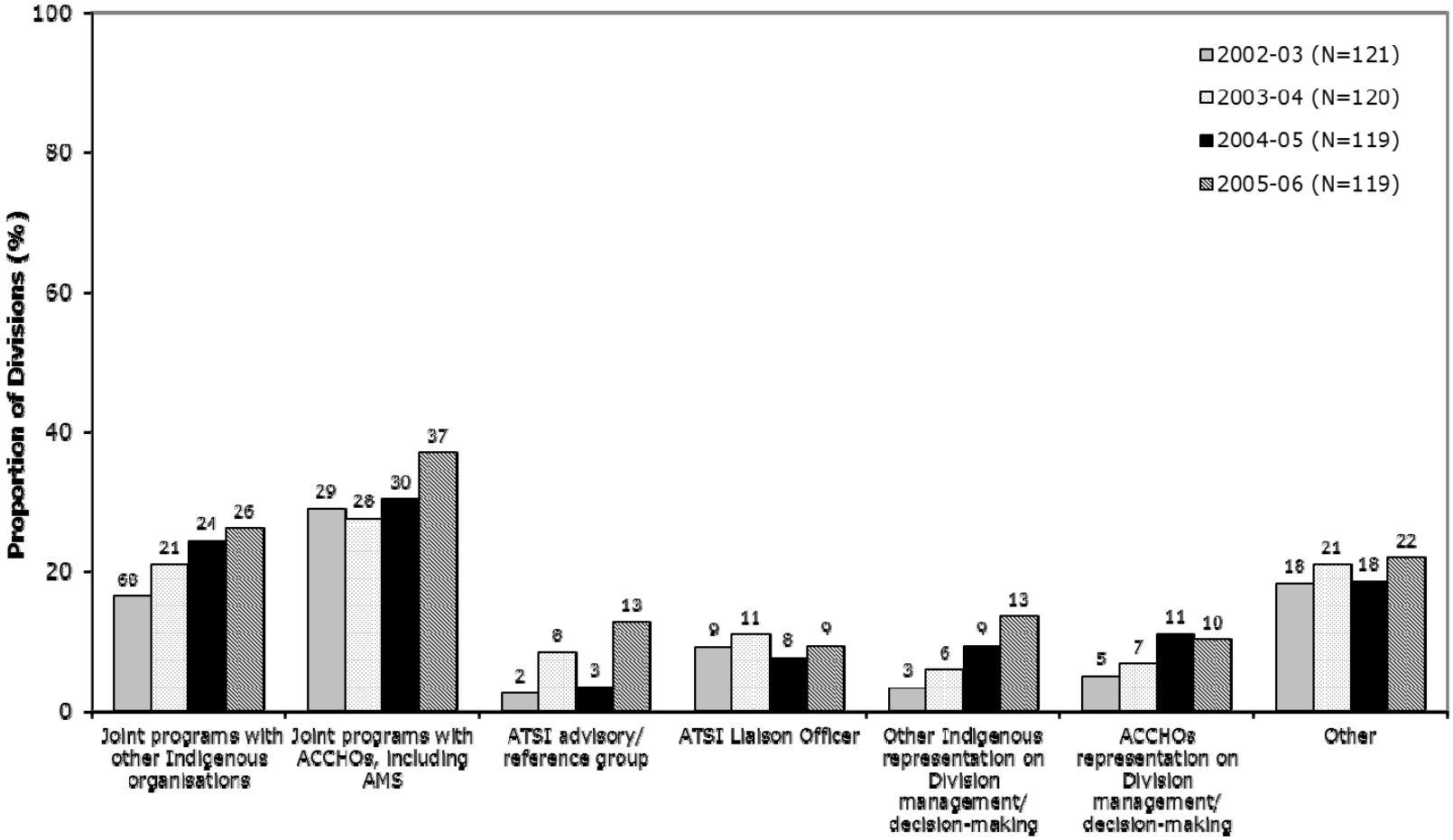


Figure 10.a.i Proportion of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations, 2002-03 to 2005-06

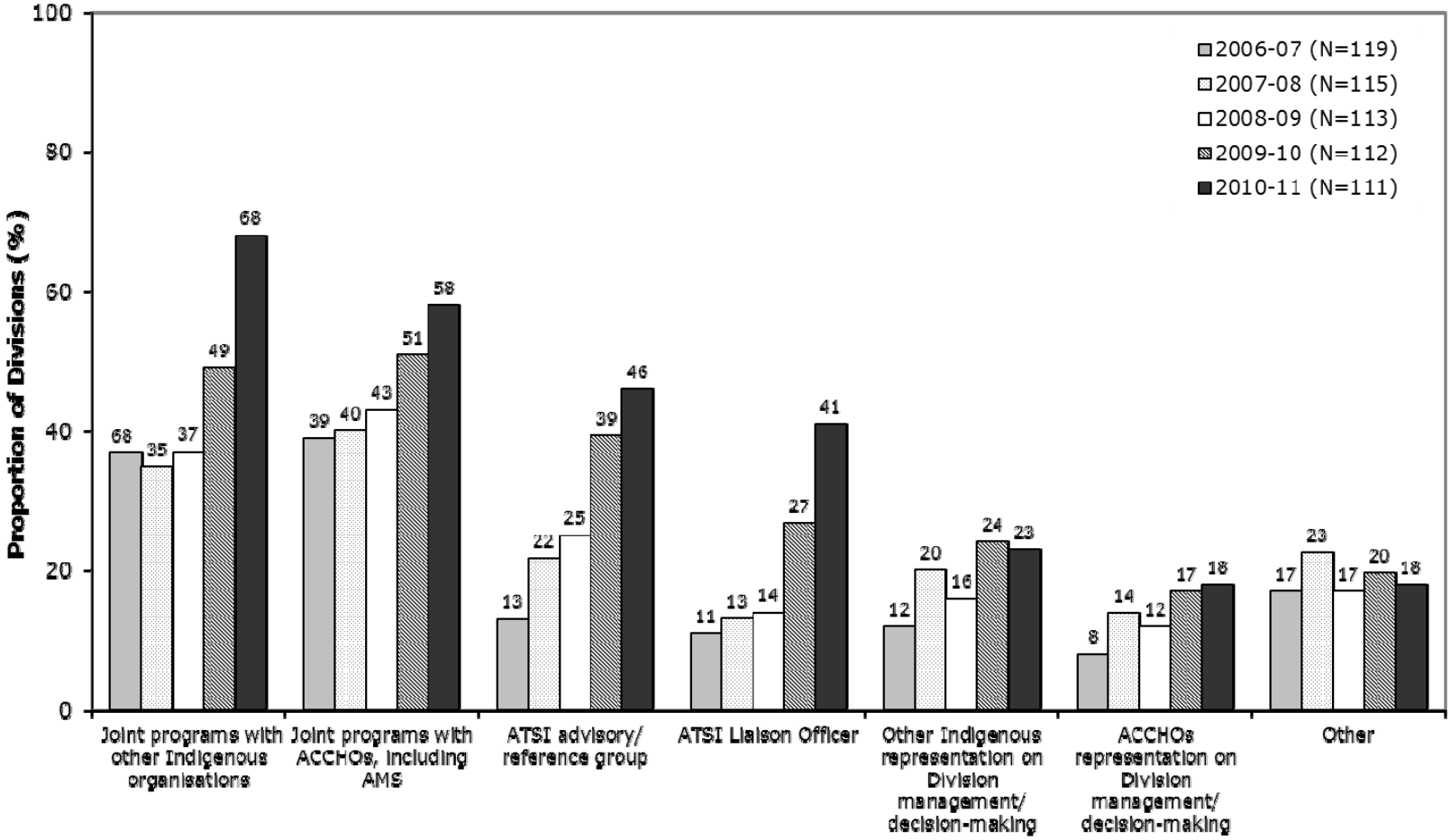


Figure 10.a.ii Proportion of Divisions with specific formal mechanisms to involve Indigenous health consumers or organisations, 2006-07 to 2010-11

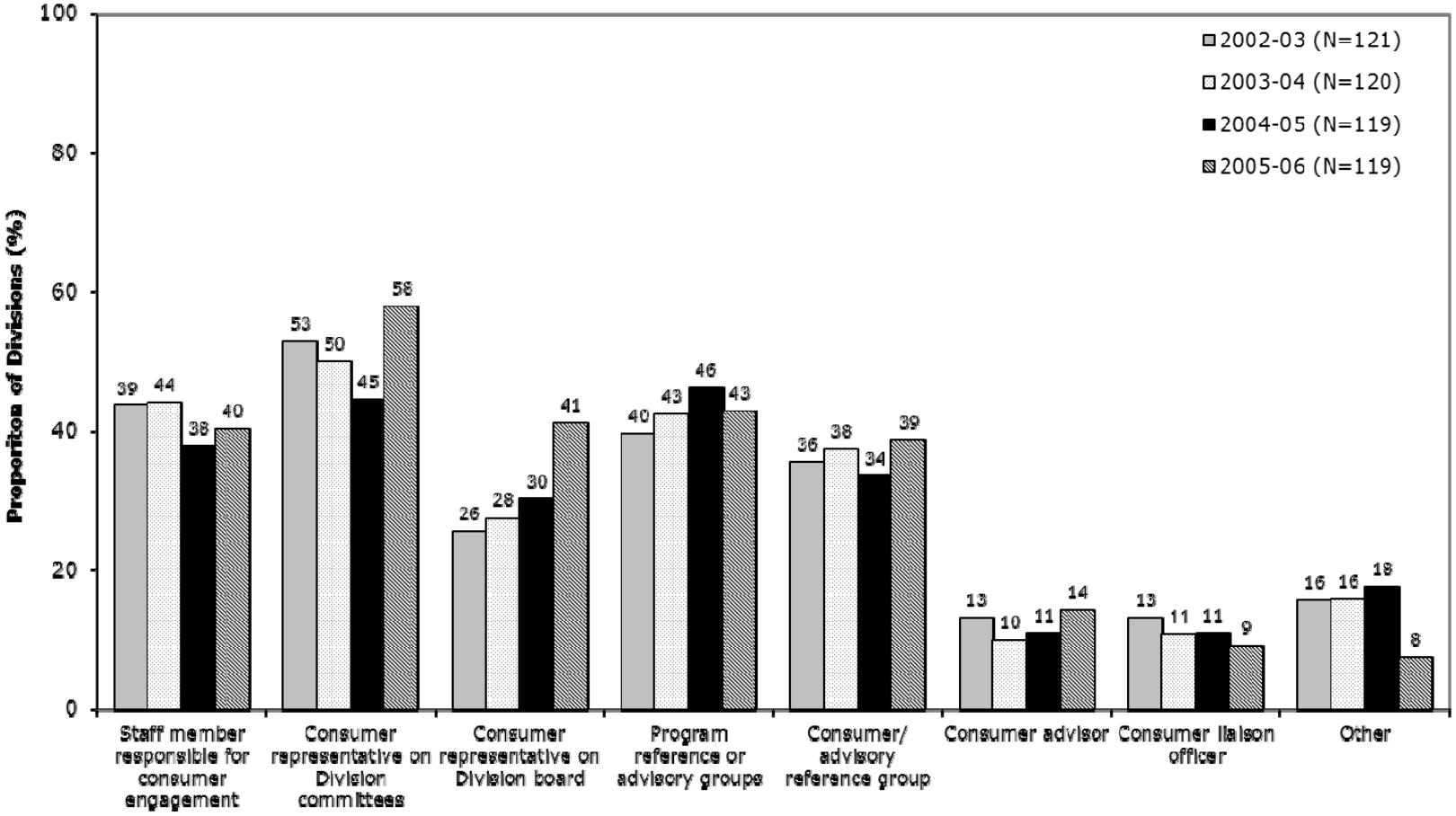
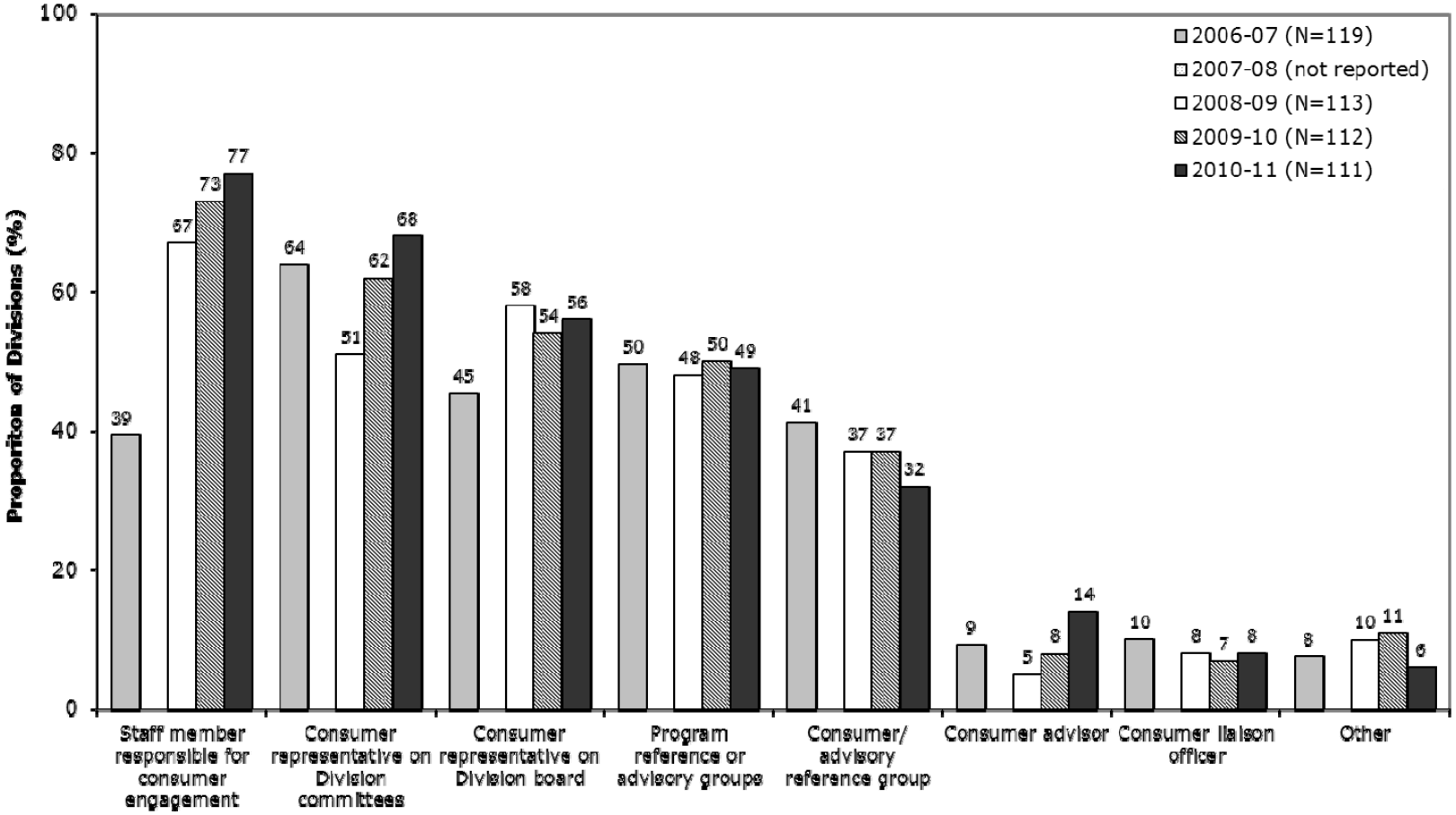
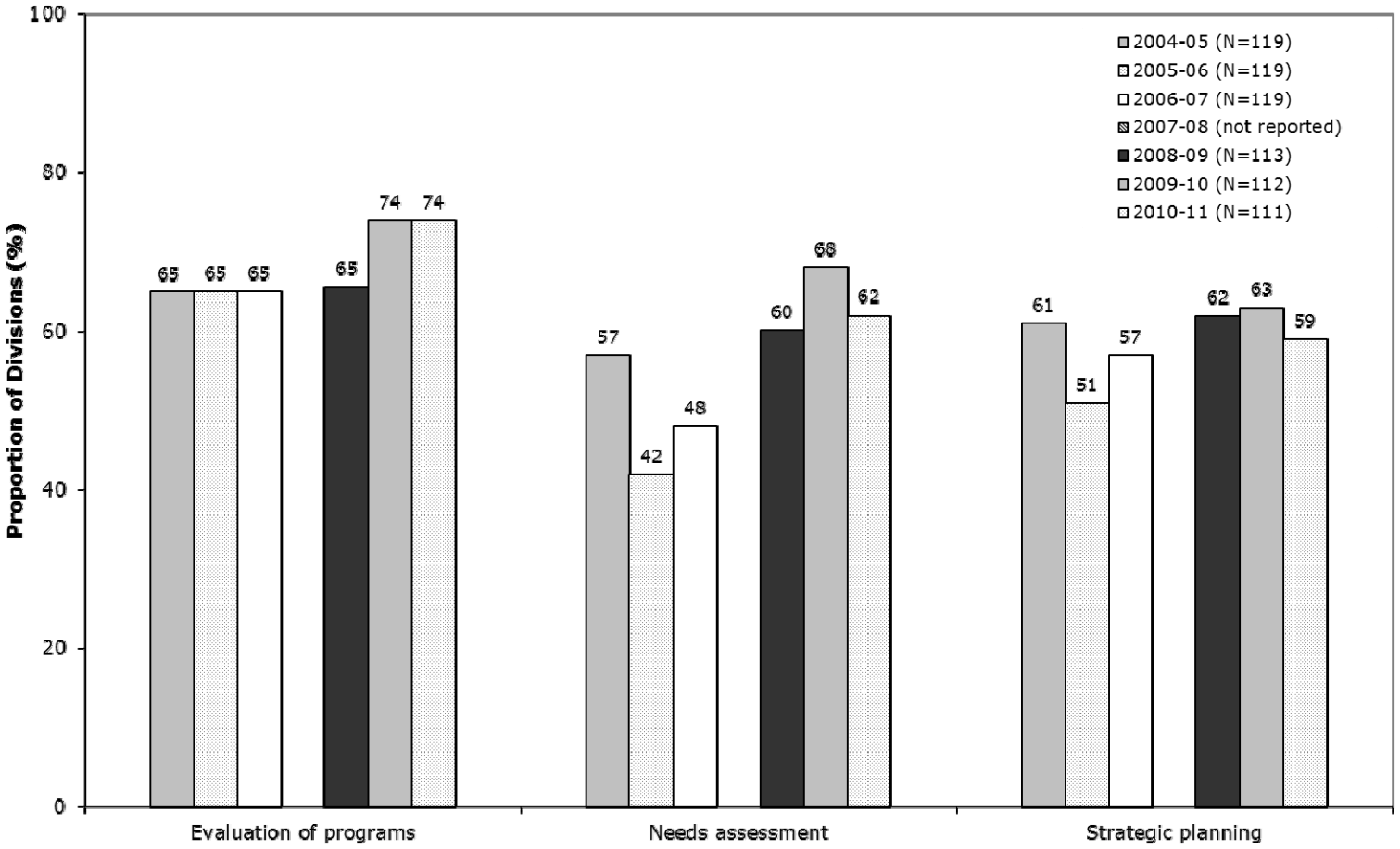


Figure 10.b.i Proportion of Divisions reporting formal mechanisms for involving consumers, 2002-03 to 2005-06



Note: questions regarding *Consumer involvement in Division activities* were not requested for reporting in 2007-08 and therefore no data available for that period.

Figure 10.b.ii Proportion of Divisions reporting formal mechanisms for involving consumers, 2006-07 to 2010-11



Note: Questions regarding *evaluation, needs assessment and strategic planning* were not requested for reporting in 2007-08 and therefore no data available for that period.

Figure 10.c Proportion of Divisions reporting consumer involvement in evaluation of programs, needs assessment and strategic planning, 2004-05 to 2010-11

Table 10.a Proportion (%) of Divisions reporting of where consumers are drawn from for consumer involvement in evaluation of programs, needs assessment and strategic planning in 2004-05 to 2010-11†

Consumers drawn from	Evaluation of programs						Needs assessment						Strategic planning					
	2004-05	2005-06	2006-07	2008-09	2009-10	2010-11	2004-05	2005-06	2006-07	2008-09	2009-10	2010-11	2004-05	2005-06	2006-07	2008-09	2009-09	2010-11
Past/current Division programs	45	28	35	33	41	45	34	16	26	30	33	38	31	18	24	19	23	29
Individual consumers	38	41	35	50	49	55	26	25	32	46	52	46	28	31	29	40	37	41
Organised consumer group	26	26	29	23	29	30	26	22	24	29	29	30	34	28	25	20	24	24
Local organisations	24	23	25	24	35	32	25	25	29	34	48	42	23	22	26	29	30	23
State/Territory Health Department	12	3	6	15	6	9	15	5	8	14	11	12	15	4	8	14	11	10
Community health centre	10	8	9	6	14	14	13	10	8	17	27	22	13	9	8	9	15	14
State/Territory-wide organisations	8	4	8	7	14	8	10	6	7	11	13	9	10	6	5	8	13	14
Local government	5	6	8	6	9	8	9	11	12	14	17	13	11	13	12	12	13	13
Other source	6	4	4	4	4	2	8	3	3	6	7	2	7	3	5	16	6	5
Consumers involved in any activities	*65*	*65*	*65*	*65*	*74*	*74*	*57*	*42*	*48*	*60*	*68*	*62*	*61*	*51*	*57*	*62*	*63*	*59*

Note: N=119 for 2004-05, for 2005-06 and for 2006-07, N=113 for 2008-09, N=112 for 2009-10, N=111 for 2010-11. %=proportion of total number of Divisions (N)
†Questions regarding *evaluation, needs assessment and strategic planning* were not requested for reporting in 2007-08 and therefore no data available for that period.

Appendix J Chapter 11 – Workforce

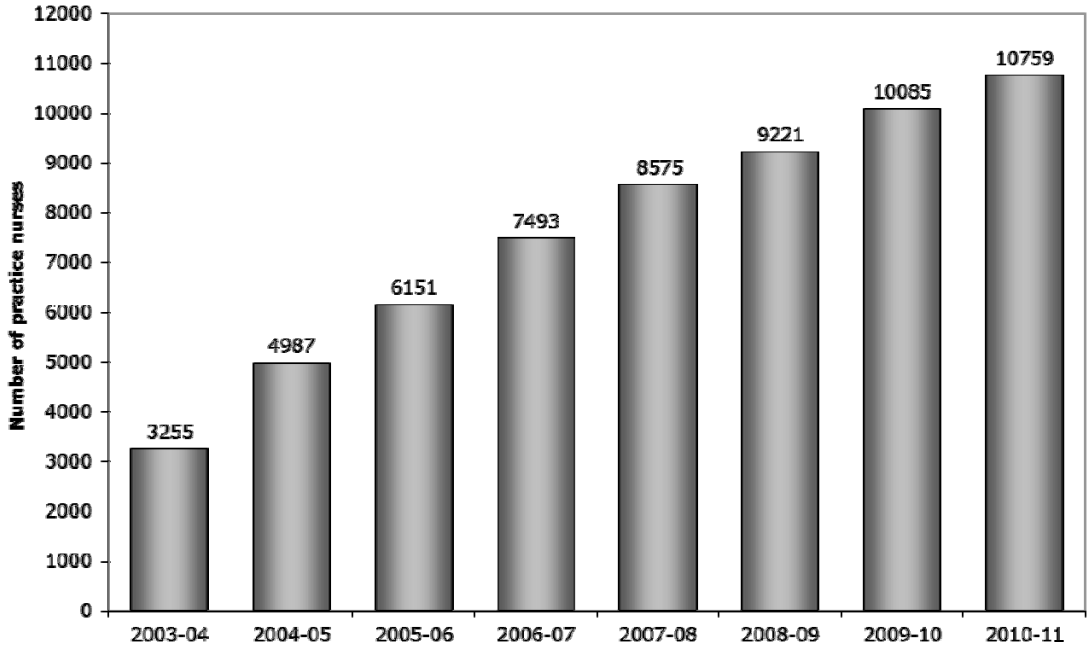
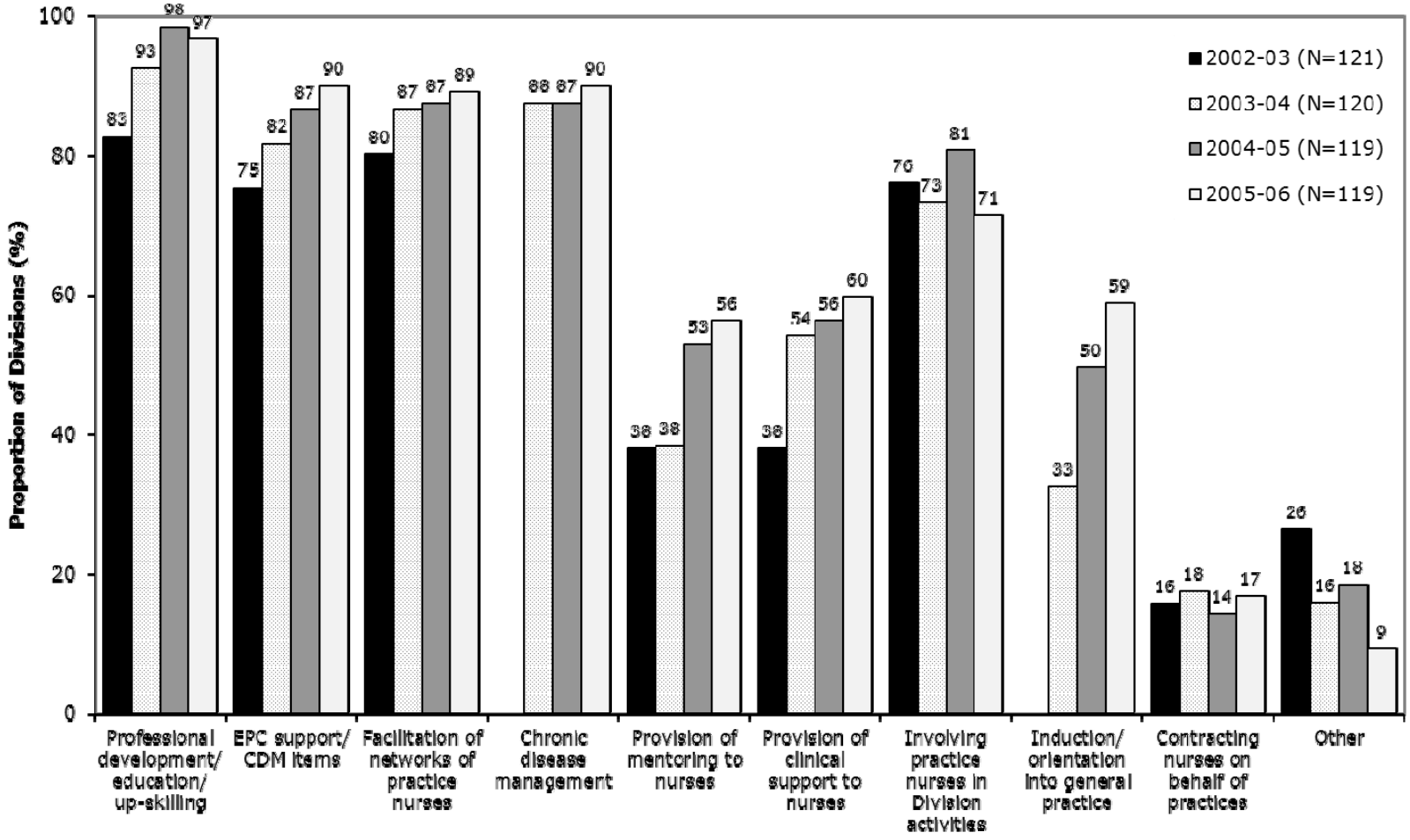


Figure 11.a Estimated number of practice nurses in Australia, 2003-04 to 2010-11



Note: Reporting of *induction/orientation into general practice* not asked in 2002-03, therefore no data before that time period.

Figure 11.b.i Proportion of Divisions providing support to practice nurses, 2002-03 to 2005-06

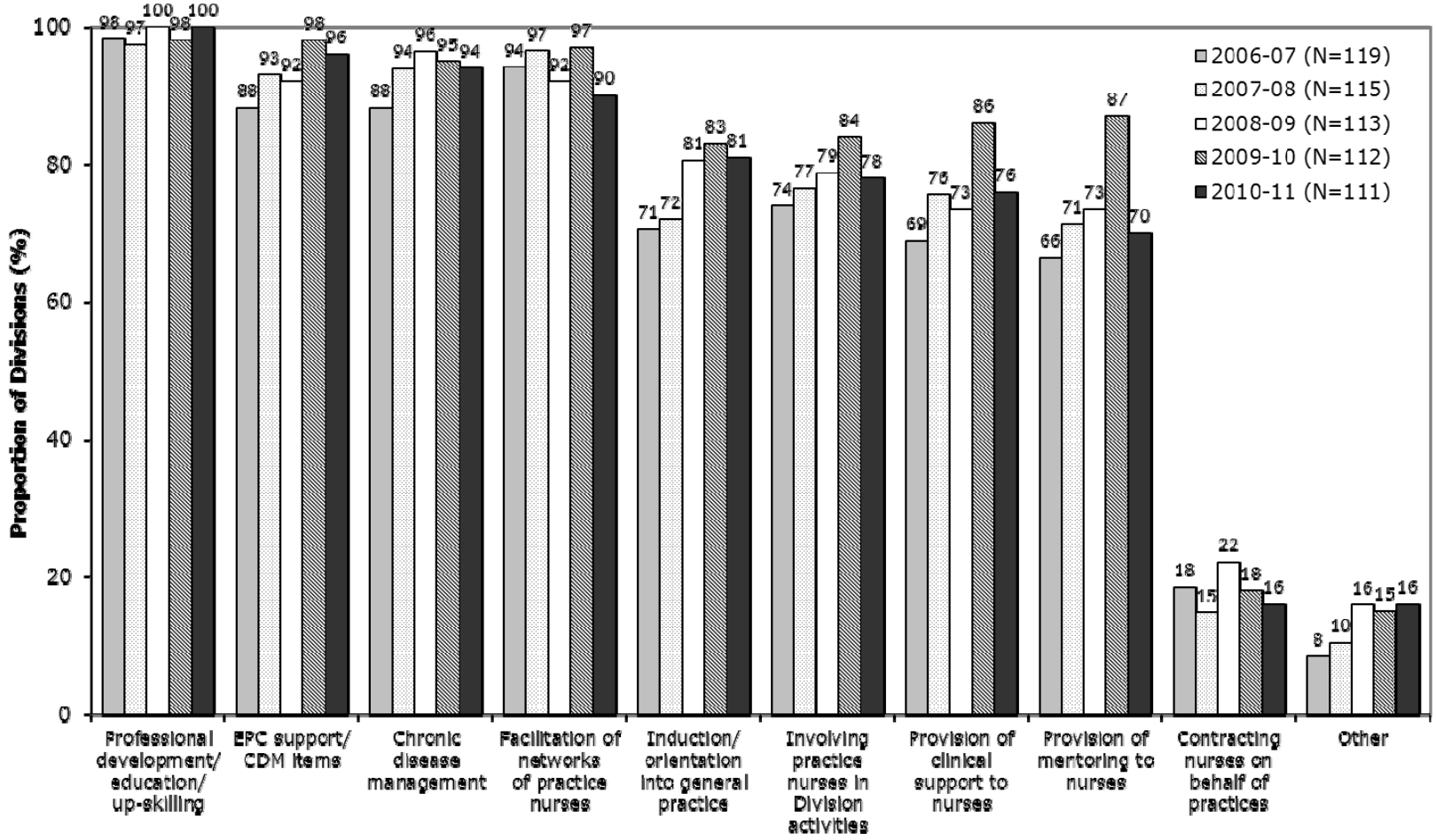
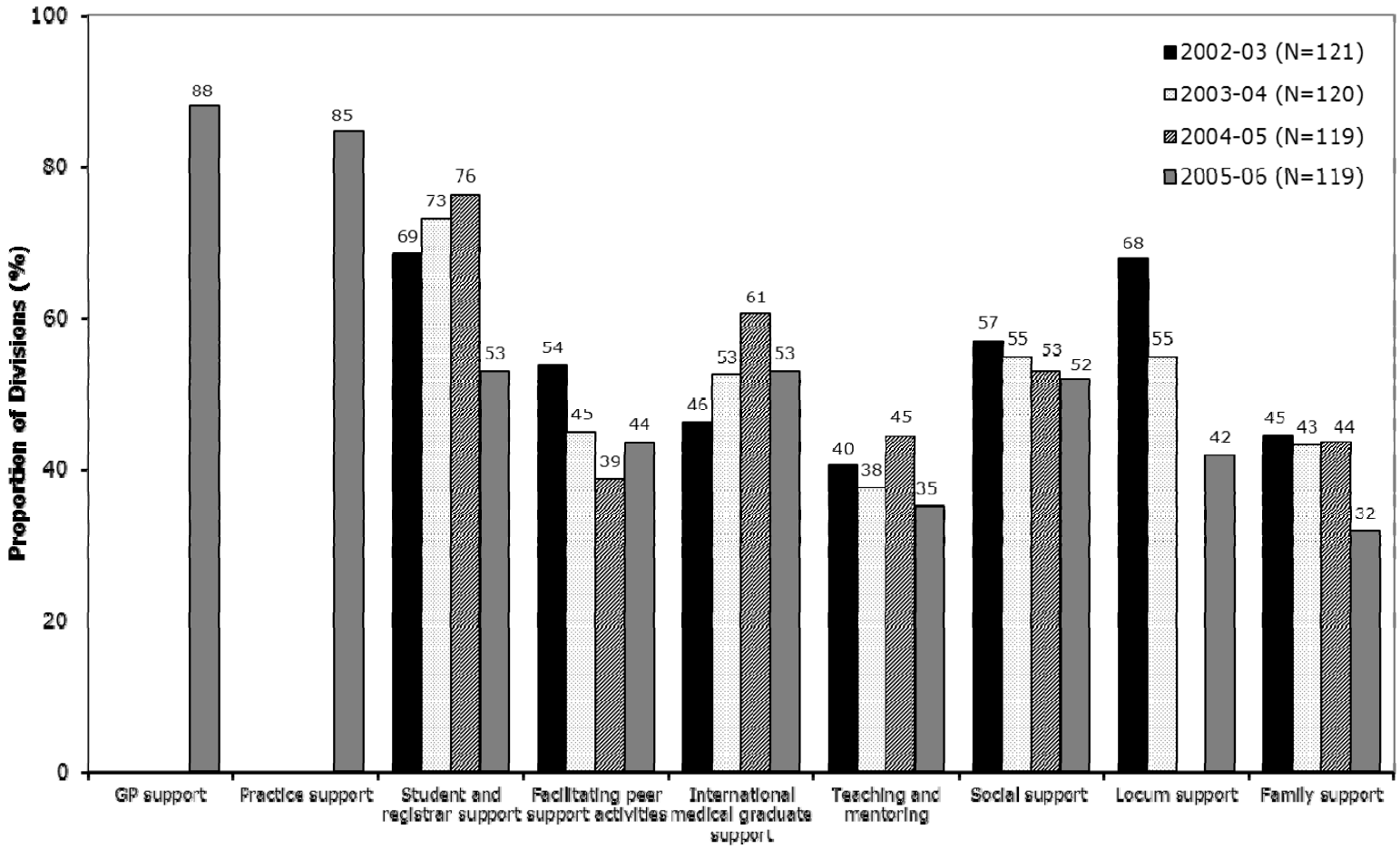


Figure 11.b.ii Proportion of Divisions providing support to practice nurses, 2006-07 to 2010-11



Note: Reporting of *GP support* and *Practice support* commenced 2005-06, therefore no data before this time period.

Figure 11.c.i Proportion of Divisions undertaking activities to support the workforce needs and wellbeing of GPs, 2002-03 to 2005-06

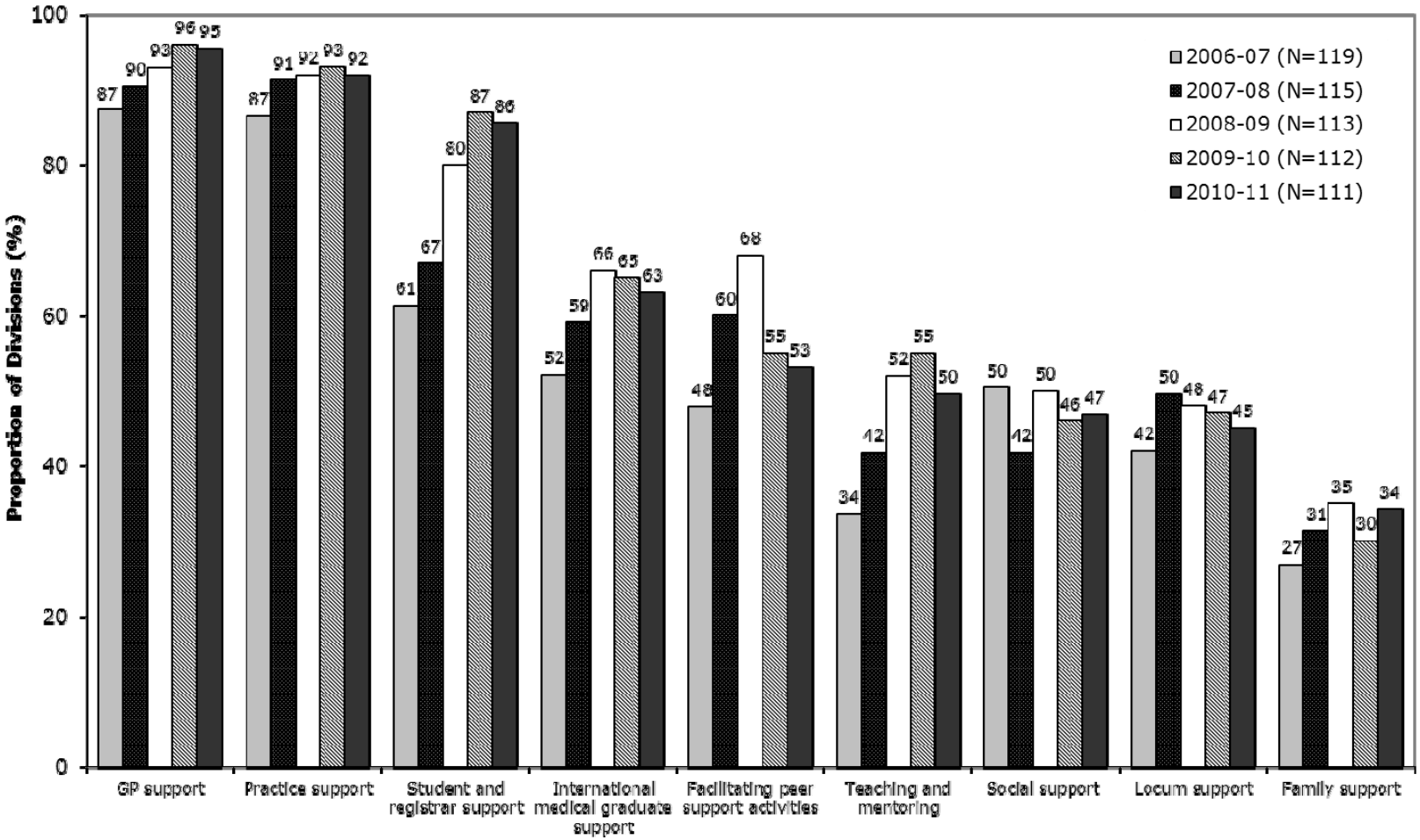


Figure 11.c.ii Proportion of Divisions undertaking activities to support the workforce needs and wellbeing of GPs, 2006-07 to 2010-11

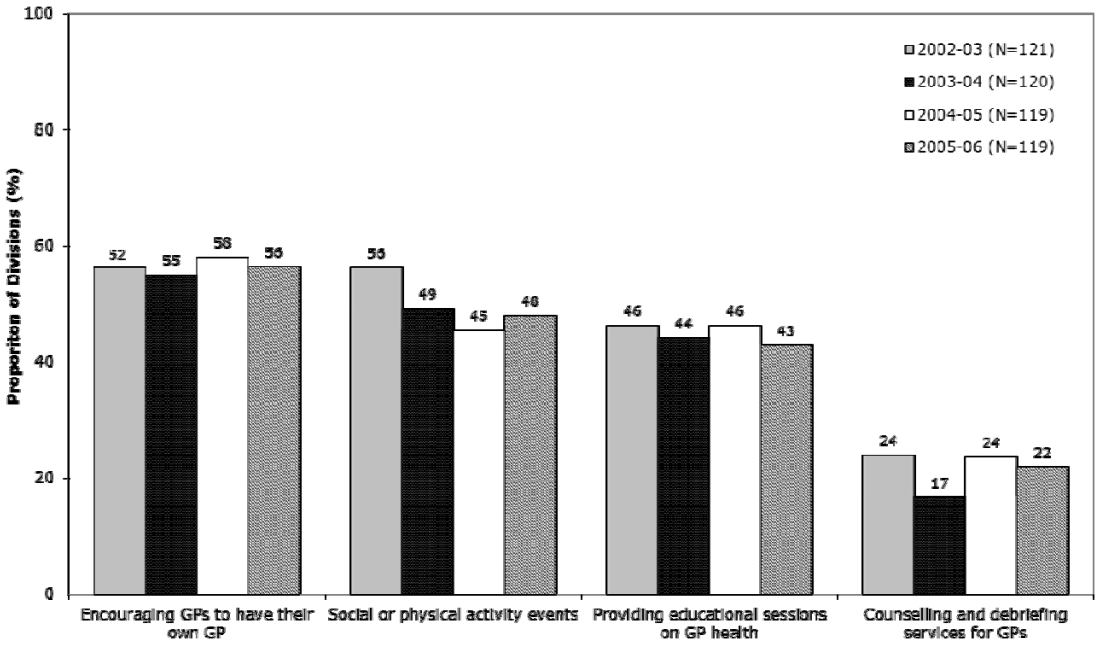


Figure 11.d.i Proportion of Divisions undertaking activities to support GP health, 2002-03 to 2005-06

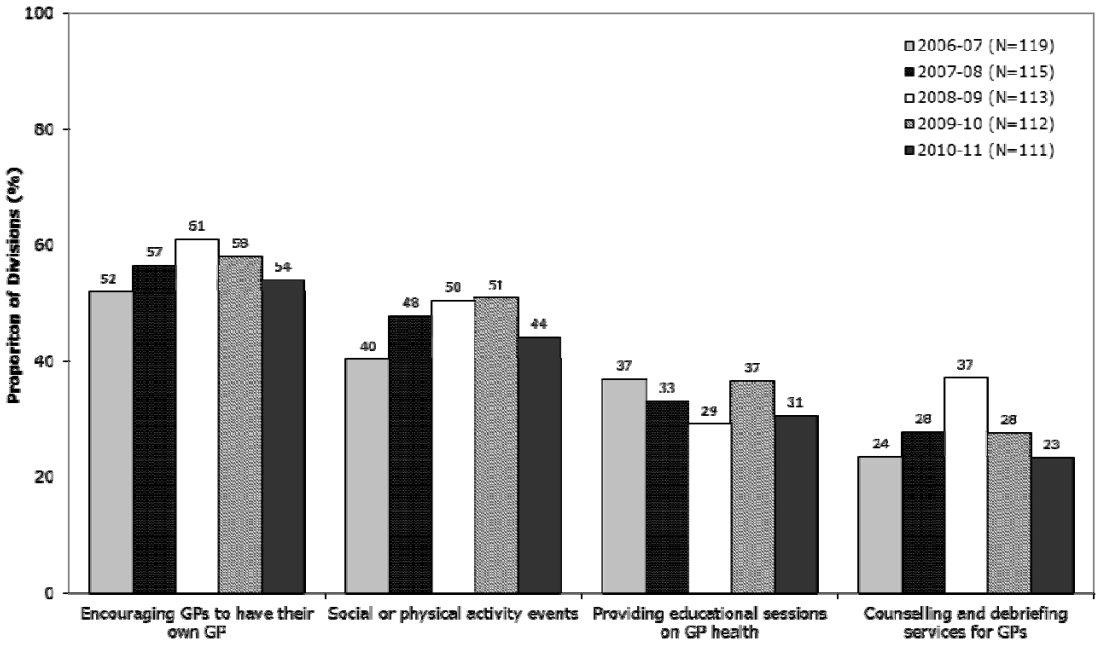
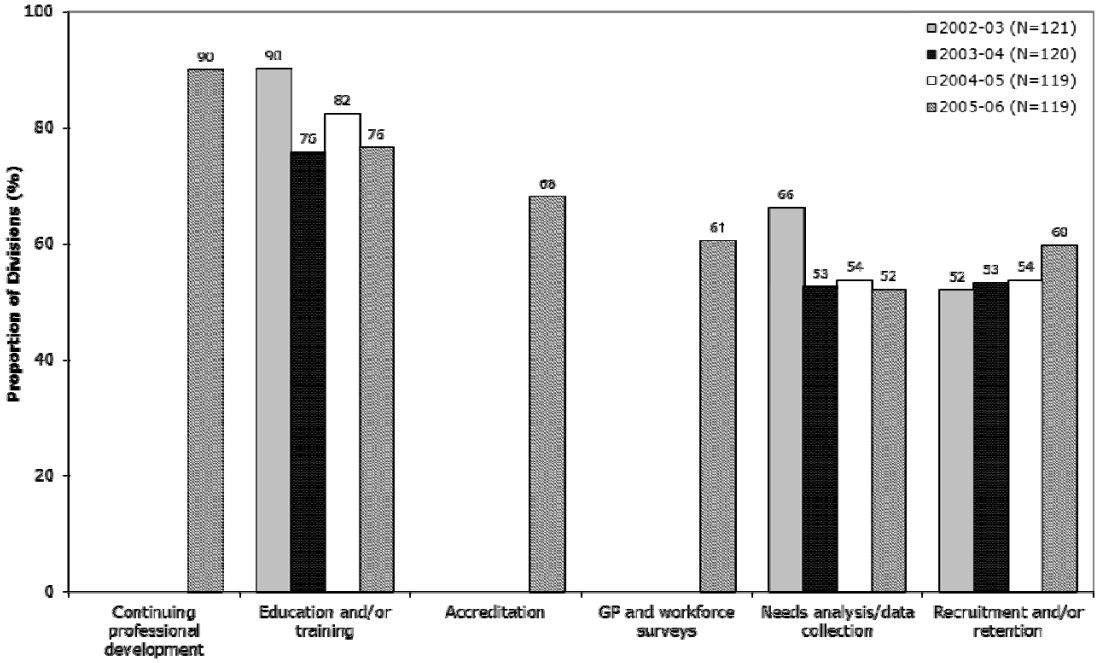


Figure 11.d.ii Proportion of Divisions undertaking activities to support GP health, 2006-07 to 2010-11



Note: Reporting of *continuing professional development*, *accreditation*, and *GP and workforce surveys* commenced 2005-06, therefore no data before this time period.

Figure 11.e.i Proportion of Divisions undertaking activities to support GP practice development and education, 2002-03 to 2005-06

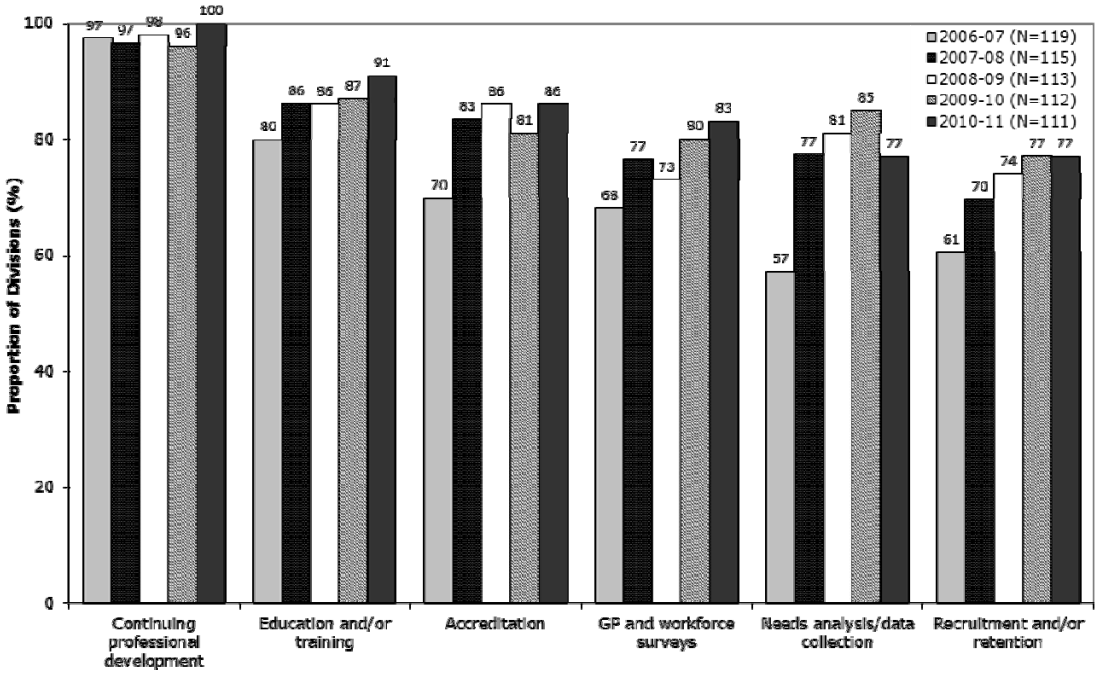
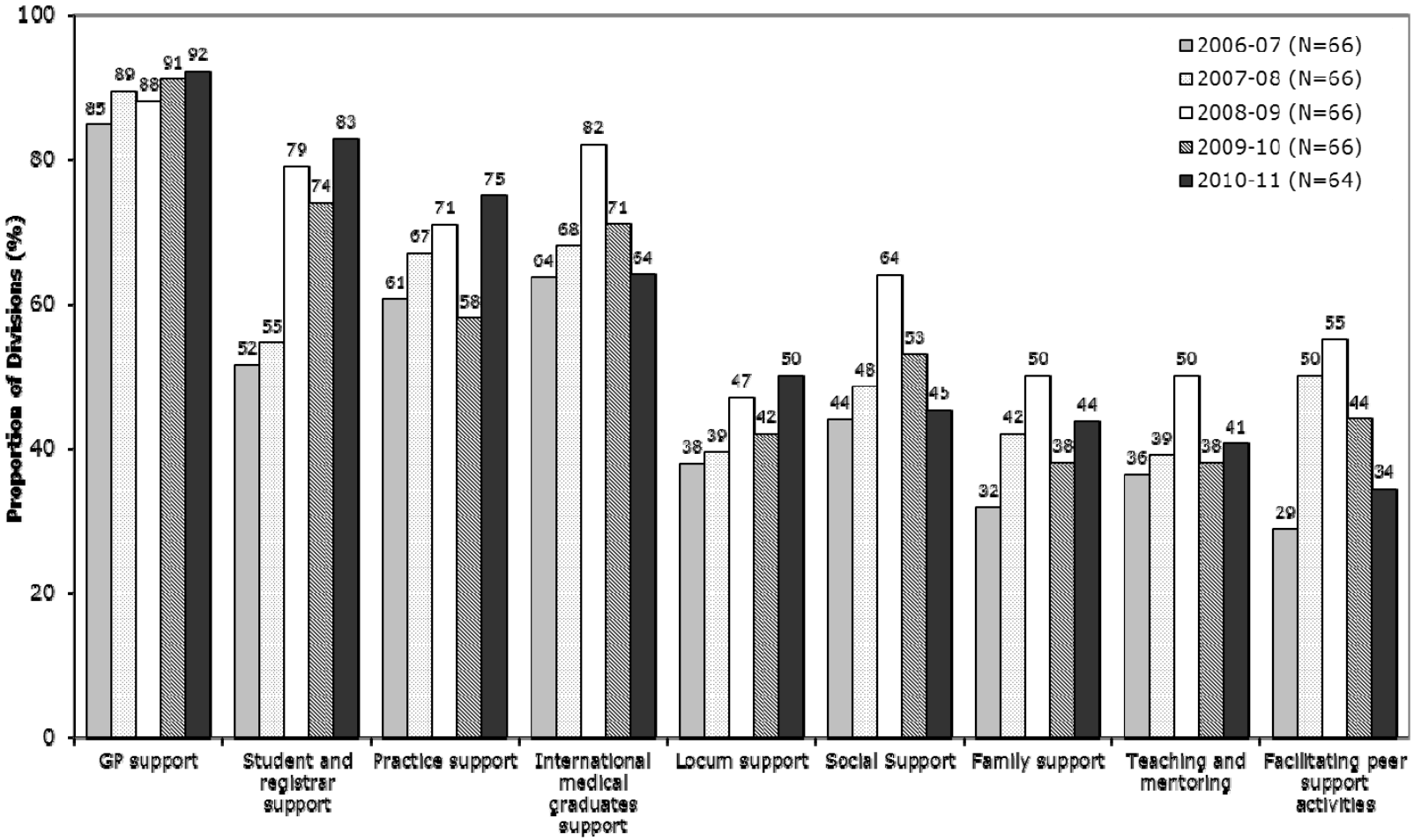


Figure 11.e.ii Proportion of Divisions undertaking activities to support GP practice development and education, 2006-07 to 2010-11

Table 11.a Number of medical workforce receiving Workforce Support for Rural General Practitioners (WSRGP) Program* support, 2006-07 to 2010-11

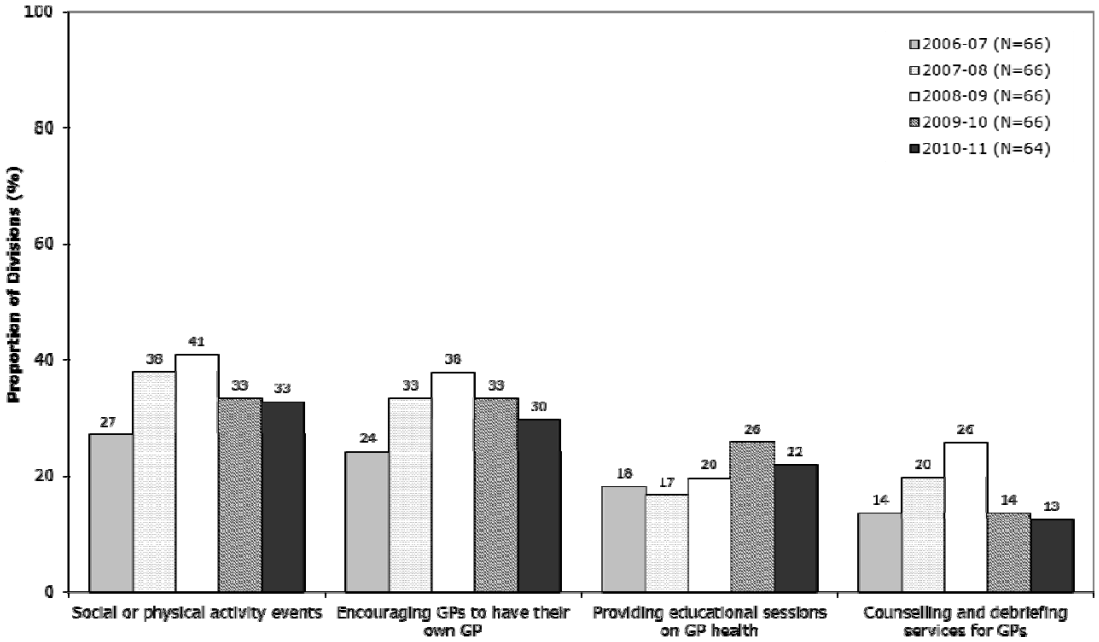
Type of GP staff receiving WSRGP support	2006-07		2007-08		2008-09		2009-10		2010-11	
	No. of Divs reporting (unknown)	Sum	No. of Divs reporting (unknown)	Sum	No. of Divs reporting (unknown)	Sum	No. of Divs reporting (unknown)	Sum	No. of Divs reporting (unknown)	Sum
GP	62 (3)	3372	61 (5)	3622	66 (1)	3157	64 (1)	3094	64 (2)	3179
Registrars	54 (4)	415	51 (8)	486	58 (2)	650	61 (3)	714	63 (3)	808
Medical students	27 (21)	444	36 (9)	665	49 (3)	932	50 (8)	1117	56 (5)	1208
International medical graduates	51 (9)	808	52 (9)	986	58 (3)	1379	60 (4)	1351	61 (3)	1507
Other	6 (0)	76	6 (0)	21	8 (0)	99	11 (0)	220	8 (0)	222
Total	*66 (25)*	*5115*	*67 (17)*	*5780*	*66 (4)*	*6217*	*63 (8)*	*6496*	*64 (5)*	*6924*

*Initiated in 2000-01, the Workforce Support for Rural General Practitioners Program was part of the Australian Government's Rural Health Strategy.



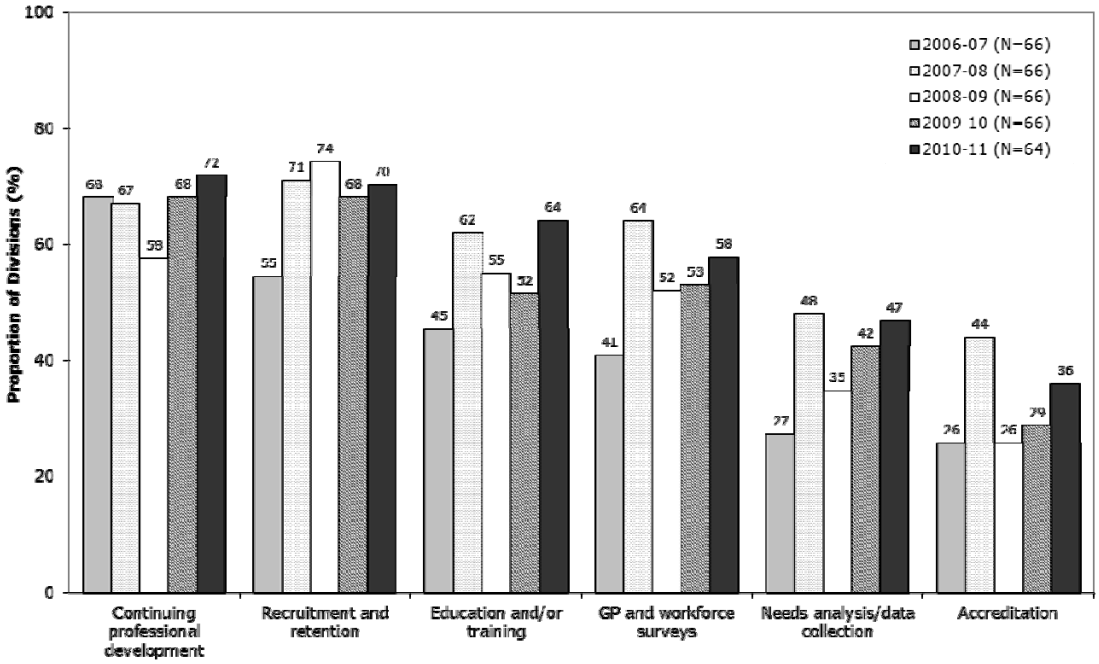
Note: proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.f Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support the workforce needs/wellbeing of GPs, 2006-07 to 2010-11



Note: proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.g Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support GP health, 2006-07 to 2010-11



Note: proportions calculated using the number of Divisions receiving WSRGP funding as the denominator (N).

Figure 11.h Proportion of Divisions receiving support from the WSRGP Program undertaking activities to support GP practice development and education, 2006-07 to 2010-11

Appendix K Chapter 12 – The Divisions Network (and RWA)

State Based Organisations (SBOs)

Table 12.a Extent to which SBOs provided services at a State or Territory level, 2005-06 to 2010-11

SBO provides	2005-06 (N=119)			2006-07 (N=119)			2007-08 (N=115)		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Representation & advocacy	6 (5)	65 (55)	48 (40)	1 (1)	55 (46)	63 (53)	4 (3)	46 (40)	65 (57)
Effective leadership	8 (7)	68 (57)	43 (36)	6 (5)	54 (45)	59 (50)	7 (6)	55 (48)	53 (46)
Adequate, timely, relevant information	5 (4)	62 (52)	52 (44)	5 (4)	48 (40)	66 (56)	4 (3)	46 (40)	65 (57)
Help in Division capacity building	14 (12)	69 (58)	36 (30)	12 (10)	58 (49)	49 (41)	16 (14)	58 (50)	41 (36)
SBO provides	**2008-09 (N=113)**			**2009-10 (N=112)**			**2010-11 (N=111)**		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Representation & advocacy	2 (2)	48 (43)	63 (56)	2 (2)	52 (46)	58 (52)	4 (4)	53 (48)	54 (49)
Effective leadership	4 (4)	54 (48)	55 (49)	2 (2)	59 (53)	51 (45)	5 (5)	61 (55)	45 (41)
Adequate, timely, relevant information	1 (1)	55 (49)	57 (50)	3 (3)	57 (51)	52 (46)	4 (4)	55 (50)	52 (47)
Help in Division capacity building	9 (8)	64 (57)	40 (35)	10 (9)	68 (61)	34 (30)	13 (12)	62 (56)	36 (32)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur..

Table 12.b Division satisfaction with SBO services, 2008-09† to 2010-11

SBO services	2008-09 (N=113)					2009-10 (N=112)					2010-11 (N=111)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Forums and workshops	1(1)	2(2)	17(15)	59(52)	34(30)	1(1)	4(4)	16(14)	64(57)	27(24)	1(1)	2(2)	16(14)	64(58)	28(25)
Communication	2(2)	1(1)	15(13)	56(50)	39(35)	2(2)	5(4)	15(13)	58(52)	32(29)	1(1)	3(3)	17(15)	54(49)	36(32)
Education and training	1(1)	3(3)	26(23)	56(50)	27(24)	1(1)	4(4)	22(20)	66(59)	19(17)	1(1)	6(5)	19(17)	60(54)	25(23)
Other services	2(2)	3(3)	35(31)	51(45)	22(20)	2(2)	5(4)	31(28)	56(50)	18(16)	2(2)	3(3)	36(32)	49(44)	21(19)

†This was a new question in 2008-09, therefore no data before this reporting period.
Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.c Division Board, CEO, and staff use of SBO services, 2004-05 to 2007-08†

Use of SBO by	2004-05 (N=105)			2005-06 (N=119)			2006-07 (N=119)			2007-08 (N=115)		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Division Board	44(42)	48(46)	13(12)	56(47)	54(45)	9(8)	49(41)	57(48)	13(11)	54(47)	53(46)	8(7)
Division CEO	12(11)	54(51)	39(37)	21(18)	51(43)	47(40)	11(9)	53(45)	55(46)	10(9)	54(47)	51(44)
Division staff	11(11)	58(55)	36(34)	12(10)	67(56)	40(34)	6(5)	49(41)	64(54)	4(3)	47(41)	64(56)

†This question was removed from the Annual Survey of Divisions in 2008-09, therefore no data after this reporting period.
Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Australian General Practice Network (AGPN)

Table 12.d Extent to which AGPN achieved national leadership and governance and links to strengthen the Primary Health Care System, 2005-06 to 2010-11

AGPN provides	2005-06 (N=119)			2006-07 (N=119)			2007-08 (N=115)		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
National leadership and governance	6 (5)	75 (63)	38 (32)	6 (5)	74 (62)	39 (33)	12 (10)	83 (72)	20 (17)
Links to strengthen the primary health care system	3 (3)	72 (61)	44 (37)	8 (7)	57 (48)	54 (45)	6 (5)	77 (67)	32 (28)
AGPN provides	**2008-09 (N=113)**			**2009-10 (N=112)**			**2010-11 (N=111)**		
	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent	Not at all	To some extent	To a great extent
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
National leadership and governance	11 (10)	57 (50)	45 (40)	7 (6)	51 (46)	54 (48)	14 (13)	59 (53)	38 (34)
Links to strengthen the primary health care system	3 (3)	56 (50)	54 (48)	3 (3)	42 (37)	67 (60)	6 (5)	50 (45)	55 (50)

Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.e Division satisfaction with AGPN services, 2008-09† to 2010-11

AGPN services	2008-09 (N=113)					2009-10 (N=112)					2010-11 (N=111)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Forums and workshops	1(1)	3(3)	18(16)	65(58)	26(23)	1(1)	5(4)	20(18)	61(55)	25(22)	2(2)	5(5)	25(23)	61(55)	18(16)
Education and training	3(3)	7(6)	49(43)	49(43)	5(4)	1(1)	10(9)	35(31)	53(47)	13(12)	3(3)	5(5)	34(31)	56(51)	13(12)
Communication	5(4)	8(7)	20(18)	64(57)	16(14)	5(4)	11(10)	17(15)	49(44)	30(27)	2(2)	15(14)	19(17)	55(50)	20(18)
Other services	3(3)	4(4)	51(45)	47(42)	8(7)	1(1)	10(9)	43(38)	46(41)	12(11)	3(3)	5(5)	46(41)	48(43)	9(8)

†This was a new question in 2008-09, therefore no data before this reporting period
Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.f Division Board, CEO, and staff use of AGPN services, 2004-05 to 2007-08†

Use of AGPN by	2004-05 (N=118)			2005-06 (N=119)			2006-07 (N=119)			2007-08 (N=115)		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Division Board	70(59)	45(38)	4(3)	80(67)	35(29)	4(3)	77(65)	38(32)	4(3)	72(63)	41(36)	2(2)
Division CEO	32(27)	71(60)	15(13)	40(34)	18(15)	18(15)	25(21)	75(63)	19(16)	33(29)	69(60)	13(11)
Division staff	51(43)	62(53)	5(4)	54(45)	8(7)	8(7)	34(29)	77(65)	8(7)	45(39)	66(57)	4(3)

†This question was removed from the Annual Survey of Divisions in 2008-09, therefore no data after this reporting period.
Note: proportions are calculated using the number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.g Division usage of AGPN's National Network Library by state, 2009-10 & 2010-11

State	2009-10 (N=112)				2010-11 (N=111)			
	State 'n'	Very little	Somewhat	A great deal	State 'n'	Very little	Somewhat	A great deal
		n (%)	n (%)	n (%)		n (%)	n (%)	n (%)
NSW	34	29 (26)	5 (4)	0 (0)	34	28 (25)	6 (5)	0 (0)
Vic	29	23 (21)	5 (4)	1 (1)	29	21 (19)	7 (6)	1 (1)
Qld	17	14 (13)	3 (3)	0 (0)	16	13 (12)	3 (3)	0 (0)
SA	14	13 (12)	1 (1)	0 (0)	14	8 (7)	5 (5)	1 (1)
WA	13	10 (9)	3 (3)	0 (0)	13	5 (5)	7 (6)	1 (1)
Tas, NT & ACT	5	4 (4)	1 (1)	0 (0)	5	4 (4)	1 (1)	0 (0)
Total	*112*	*93 (83)*	*18 (16)*	*1 (1)*	*111*	*79 (71)*	*29 (26)*	*3 (3)*

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.h Division usage of AGPN's National Network Library by RRMA, 2009-10 & 2010-11

RRMA	2009-10 (N=112)				2010-11 (N=111)			
	RRMA 'n'	Very little	Somewhat	A great deal	RRMA 'n'	Very little	Somewhat	A great deal
		n (%)	n (%)	n (%)		n (%)	n (%)	n (%)
Metro	50	44 (39)	6 (5)	0 (0)	50	37 (33)	13 (12)	0 (0)
Metro-rural	12	8 (7)	4 (4)	0 (0)	11	7 (6)	3 (3)	1 (1)
Rural	33	28 (25)	5 (4)	0 (0)	33	25 (23)	7 (6)	1 (1)
Rural-remote	13	10 (9)	2 (2)	1 (1)	13	9 (8)	4 (4)	0 (0)
Remote	4	3 (3)	1 (1)	0 (0)	4	1 (1)	2 (2)	1 (1)
Total	*112*	*93 (83)*	*18 (16)*	*1 (1)*	*111*	*79 (71)*	*29 (26)*	*3 (3)*

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.i Division ratings of the usefulness of AGPN's National Network Library by state, 2009-10 & 2010-11

State	2009-10 (N=112)						2010-11 (N=111)					
	State 'n'	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile	State 'n'	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile
		n(%)	n(%)	n(%)	n(%)	n(%)		n(%)	n(%)	n(%)	n(%)	n(%)
NSW	34	3(3)	9(8)	17(15)	5(4)	0(0)	34	3(3)	11(10)	12(11)	8(7)	0(0)
Vic	29	5(4)	9(8)	13(12)	2(2)	0(0)	29	7(6)	7(6)	9(8)	6(5)	0(0)
Qld	17	2(2)	4(4)	11(10)	0(0)	0(0)	16	2(2)	6(5)	7(6)	1(1)	0(0)
SA	14	5(4)	6(5)	2(2)	1(1)	0(0)	14	4(4)	5(5)	3(3)	1(1)	1(1)
WA	13	5(4)	3(3)	4(4)	1(1)	0(0)	13	4(4)	2(2)	2(2)	4(4)	1(1)
Tas, NT & ACT	5	0(0)	1(1)	4(4)	0(0)	0(0)	5	0(0)	0(0)	4(4)	1(1)	0(0)
Total	*112*	*20(18)*	*32(29)*	*51(45)*	*9(8)*	*0(0)*	*111*	*20(18)*	*31(28)*	*37(33)*	*21(19)*	*2(2)*

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Table 12.j Division ratings of the usefulness of AGPN's National Network Library by RRMA, 2009-10 & 2010-11

RRMA	2009-10 (N=112)						2010-11 (N=111)					
	State 'n'	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile	State 'n'	Not useful	Somewhat useful	No opinion	Useful	Very useful/ worthwhile
		n(%)	n(%)	n(%)	n(%)	n(%)		n(%)	n(%)	n(%)	n(%)	n(%)
Metro	50	10(9)	11(10)	26(23)	3(3)	0(0)	50	6(5)	12(11)	22(20)	9(8)	1(1)
Metro-rural	12	2(2)	7(6)	3(3)	0(0)	0(0)	11	3(3)	2(2)	2(2)	4(4)	0(0)
Rural	33	7(6)	6(5)	15(13)	5(4)	0(0)	33	8(7)	9(8)	11(10)	5(5)	0(0)
Rural-remote	13	0(0)	7(6)	5(4)	1(1)	0(0)	13	2(2)	7(6)	2(2)	2(2)	0(0)
Remote	4	1(1)	1(1)	2(2)	0(0)	0(0)	4	1(1)	1(1)	0(0)	1(1)	1(1)
Total	*112*	*20(18)*	*32(29)*	*51(45)*	*9(8)*	*0(0)*	*111*	*20(18)*	*31(28)*	*37(33)*	*21(19)*	*2(2)*

Note: proportions are calculated using the total number of Divisions (N) as the denominator. Rounding errors may occur.

Rural Workforce Agencies (RWAs)

Table 12.k Division Board, CEO and staff use of Rural Workforce Agencies (RWAs) services, 2005-06 to 2010-11

Use of RWA by	2005-06 (N=58)			2006-07 (N=61)			2007-08 (N=63)		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Division Board	43 (74)	14 (24)	1 (13)	47 (77)	12 (20)	2 (3)	44 (70)	16 (25)	3 (5)
Division CEO	20 (35)	23 (40)	15 (26)	24 (39)	27 (44)	10 (16)	20 (32)	34 (54)	9 (14)
Division staff	12 (21)	32 (55)	14 (24)	18 (30)	25 (41)	18 (30)	10 (16)	32 (51)	21 (33)
Use of RWA by	**2008-09 (N=57)**			**2009-10 (N=51)**			**2010-11 (N=47)**		
	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal	Very little	Somewhat	A great deal
	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)	n (%)
Division Board	43 (75)	12 (21)	2 (4)	37 (73)	11 (22)	3 (6)	34 (72)	10 (21)	3 (6)
Division CEO	17 (30)	33 (58)	7 (12)	20 (39)	24 (47)	7 (14)	19 (40)	21 (45)	7 (15)
Division staff	6 (11)	30 (53)	21 (37)	15 (29)	21 (41)	15 (29)	8 (17)	22 (47)	17 (36)

Note: proportions are calculated using the number of eligible Divisions (N) as the denominator. Rounding errors may occur.

Table 12.l Division Board, CEO and staff overall level of satisfaction with RWA, 2005-06 to 2010-11

Satisfaction with RWA by	2005-06 (N=58)					2006-07 (N=61)					2007-08 (N=63)				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Division Board	-	2(4)	37(64)	14(24)	5(9)	2(3)	4(7)	32(53)	19(31)	4(7)	3(5)	1(2)	39(62)	17(27)	3(5)
Division CEO	-	5(9)	19(33)	24(41)	10(17)	4(7)	9(15)	19(31)	21(34)	8(13)	3(5)	1(2)	20(32)	32(51)	7(11)
Division staff	1(2)	5(9)	15(26)	30(52)	7(12)	3(5)	6(10)	18(30)	28(46)	6(10)	2(3)	4(6)	14(22)	31(49)	12(19)
Satisfaction with RWA by	**2008-09 (N=57)**					**2009-10 (N=112)**					**2010-11 (N=111)**				
	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied	Very dissatisfied	Dissatisfied	Neither	Satisfied	Very satisfied
	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)	n(%)
Division Board	-	-	34(60)	19(33)	4(7)	-	8(16)	26(51)	13(26)	4(8)	-	2(4)	26(55)	14(30)	5(11)
Division CEO	-	1(2)	17(30)	31(54)	8(14)	-	7(14)	15(29)	23(45)	6(12)	-	3(6)	14(30)	20(43)	10(21)
Division staff	-	-	13(23)	32(56)	12(21)	-	4(8)	14(26)	26(51)	7(14)	-	4(9)	7(15)	26(55)	10(21)